510		
SII FEMA	EALTH DEPARTMENT 50	5500
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	1701
1. NAME OF DECEASED (Type or Print) Mildred A Numbers	2. DATE OF DEATH 6/19/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution	: residence ore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	maryland Une Unic	walk
maryland gen- Hospital	R. H. F. A. C. A. C. A.	RAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)	1 1
c gth of stay in Baltimore Mos. Days		lud.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	Jan 9 1908 42	Hours: Min.
10A. USUAL OCCUPATION (Givekind of net done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		EN OF T COUNTRY?
HSW T. HSWT.	Varginia 4.5	. 9.
asa C. anderson	14. MOTHER'S MAIDEN NAME	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	
(II Yea, give war or dates of service) SECURITY NO.	Marion L. Numbers- Si	gme
18. 4/6 X CAUSE	OF DEATH INTER	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	cardiac failure	Pers
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-	Inferct - Smell	
TRIBUTING TO THE DEATH, BUT NOT RELATED Broncho	preumonia	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, afreet, nffice bldg.,	in nr 21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?	location)
CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		11886
22. I hereby certify that, I attended the deceased from	/18 , 1950, to 6/19 , 1950, that I	last sam the
deceased alive on 6/19, 1950, and that death occur	rred at 1: 40pm., from the causes and on the date s	
		TE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE	7 7 7	(State)
Gereal true 22/50 Vland of	Jacque Ble Buring	ud
DATE RECEIVED BY REGISTRAR SSIGNATURE	25. FUNERAL DIRECTOR ADDRESS	4
VS 150	The sufficient & Nove , and Con	aw Ro
	956	17
		100

As an and the street out out of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 5502

NAME OF DECEASED Type or Print)	
TOTAL TALL OF THE PARTY OF THE	2. DATE OF
REGINA C. HUETER	DEATH JUNE 19-1950
B. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
nstitution 530 S. Catherine Street	C. CITT ON TOWN (IT dutistic composate minus, write ROTAL and give
yrs.	D. STREET ADDRESS (If rural, give location)
e. eigth of stay in Baltimore Days	530 S. Catherine Street
SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
Female White Widowed (Specify)	11/4/1871 78
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife At Home	Germany U.S.A/
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Butz	Katherime Leidig
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (lf yee, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(If yee, give war or dates of service) SECURITY NO.	Lillian C Hueter same
18. 443 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	10 1 -10 D. D4// 11 2 3
(This does not mean the mode of dying, e.g., (A)	opley with Tight Hempligia 2 Day
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused dcath.) DUE TO	
ANTECEDENT CAUSES Q1.	oplexy with Right Herriplegia 3 Days pertensive Heart Disease 5 Years
(B)	penensive years purease a gear
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (c. g., ii)	RATION 20. AUTOPSY? YES NO No
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? VES NO nor 21c. WHERE DID (If in Baltimore City, give exact location)
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,	RATION 20. AUTOPSY? YES
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, About home, farm, factory, atreet, office bidg., about home, farm, factory, atreet, office bidg.	ATION 20. AUTOPSY? YES NO nor 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., at a farm, factory, atreet, at a farm, factory, atreet, at a farm, factory, a	20. AUTOPSY? YES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., at a farm, factory, atreet, at a farm, factory, atreet, at a farm, factory, a	20. AUTOPSY? YES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg., 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 19 50 and that death occur	20. AUTOPSY? YES NO in or 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, About home, farm, factory, atreet, office bldg., about home, farm, factory, atreet, office bldg. 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 19.50 and that death occur 23A. SIGNATURE	20. AUTOPSY? YES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Ly 10, 1946 to June 19, 1950 that I last saw the creat al 2:05 nP, from the causes and on the date stated above.
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, about home, farm, factory, atreet, office bldg., 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 1950 and that death occur 23A. SIGNATURE 19. DATE 24C. NAME OF CEMETE	20. AUTOPSY? VES NO nor 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, about home, farm, factory, atreet, office bldg., 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 1950 and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ED 21F. HOW DID INJURY OCCUR?
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., about hom	20. AUTOPSY? VES NO NO NO 1 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? Ly 10, 1946to Ly 10, 1946to
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, about home, farm, factory, atreet, office bldg., 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19, 1950 and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	20. AUTOPSY? VES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Ly 10, 1946to June 19, 1950 that I last saw the rect at 2:05 nP, from the causes and on the date stated above. 23B. ADDRESS ERY OR CREMATORY 24D. LOCATION (City, town, frounty) (State) K CEM BAITTMORE MARYLAND 25. FUNERAL DIRECTOR ADDRESS
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE, about home, farm, factory, atreet, office bldg., 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE, about home, farm, factory, atreet, office bldg., 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 19 June 19, 19 JO and that death occur 23A. SIGNATURE 6. 24C. NAME OF CEMETE 19 June 21 JO I OUDON PAR DATE RECEIVED BY REGISTRAR'S SIGNATURE.	20. AUTOPSY? VES NO NO NO 1 21C. WHERE DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? Ly 10, 1946to Ly 10, 1946to

TARREST TO STATE OF THE PARTY O ASSESSMENT HAVE ASSESSMENT OF STREET more and the second Phalan I a Danker I a and a land a said THE PERSON OF THE PARTY OF THE The state of the s

510				
50 5500)	RE CITY HEALTH DEPA		50 5509
BIRTH NO.	CER	TIFICATE OF DEA	ATH Registered	I No. OCO
1. NAME OF DECEASED			12. DATE _	
(Type or Print)	ANNIE	IMHOFF	OF JU	me 20, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryl	and		SIDENCE (Where deceased lived.	
	in hospital or institution, give	street address or Mo	B. COUNTY aryland	before admission
HOSPITAL OR INSTITUTION		location) C. CITY OR TO		mits, write RURAL and give
	Hopkins Hospital	Bal	ltimore 5-	O 5 township
			DRESS (If rural, give location)	
gth of stay in Balti		Mos. Days 161	16 Darley Ave.	
5. SA 6. COLOR o		RIED, 8. DATE OF BI	RTH 9. AGE (In years last birthday)	Months: Days Hours: Min.
F W	Wedow	ed Nov. 6-	188) 68	Days Hours Am.
10A. USUAL OCCUPATION (Cowork done during most of working life, eve	Give kind of 10B. KIND OF BL n if retired)	INDUSTRY 11. BIRTHPLAC	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
ar nome		+ Palter	were Md	WILAT COUNTRY
13. FATHER'S NIME	1.1	14. MOTHER'S	MAIDEN NAME	
Llorge	Tisher	maran	not make	
15. WAS DECEASED EVER W. U. (Yee, no or unknown) (If year give	S. ARMED FORCES? 16. SO	CURITY NO. 17. INFORMAN	Y	ADDRESS 423
		Mist 14	projettle tiss	en - Horanit
18. 4U2X		CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY			DNSET AND DEATH
(This does not mean th	O DEATH e mode of dying, e.g.,	A Hypertensive Card	liovascular Disease	
heart failure, asthenia, e injury or complication	tc. It means the disease,	E TO		***************************************
ANTECEDEN				
		(B)		
DISEASES OR CONDIT		JE TO		***************************************
UNDERLYING CONDI		(C)		
DISEASES OR CONDITION OF THE ABOVE CAN UNDERLYING CONDITION OF THE SIGNIFICANT TRIBUTING TO THE DISEASE OR CO				
OTHER SIGNIFICANT	CONDITIONS CON-			
U 19A. DATE OF OPERATIO	N 198. MAJOR FINDI	NGS OF OPERATION		20. AUTOPSY?
ZIA. EXTERNAL CAUSE				YES ND
UNDERLYING OR CO		INJURY (e. g., in or 21C. WHER! y, street, office bidg., etc.) INJURY OC		, give exact location)
UTING CAUSE OF	DEATH.			
Z 21D. TIME (Month) (Day OF INJURY			DID INJURY OCCUR?	
	m. WHILE AT	NOT WHILE AT WORK		
22. I certify that I to	ok charge of the remain	as described above, held an	Insp. & Inq.	thereon and from
the evidence obtai	ned by said Autonsu Ir	ispection or Inquiry, find th	Autopsy, Inspection or Inquir	v
and death in my o	pinion resulted from: n	atural causes [1, accident [\Box , suicide \Box , homicide \Box ,	undetermined .
23A. SIGNATURE	1/10.	23B. CHIEF	MEDICAL EXAMINER	23c. DATE SIGNED
Hanley ,	8. Mulas	M.D. MEDICAL I	NVESTIGATOR	June 20, 1950
TION REMOVAL (Specify)	DATE 24C. NA	ME OF CEMETERY DE CREMATO	RY 24D. LOCATION (City, tow	n or county) (State)
XILINIA! 6	183/50 X	ty sedience	Hallo,	1 hd
LOCAL REGISTRAR	STRAR'S SIGNATURE	25 FUNERAL	RECTOR	ADDITESS O.
JUN 2 1 1950	Mutuator / William	J. J. Jew	CR 5305 74	arford ld
*** 0				

V S 151

W. Marin

CHECKLINGS OF DESTROY

BALTIMORE CITY HEALTH DEPARTMENT

50 5504

	30 3304		CERTIFICATI	F OF DEATH	Registered N	0
В	RTH NO.		OLIVIA 10/VII	- OI DEATH		
	NAME OF DECEASED ype or Print)				2. DATE OF ~	
	Char	Les J.	Rodgers		DEATH June	19th. 1950
Α.	Daithhore City, Maryland	Baltim		4. USUAL RESIDENCE (Where deceased lived, If is B. COUNTY	nstitution : residence before admission)
H	FULL NAME OF (If not in hospit DSPITAL OR ISTITUTION	al or institut	ion, give street address or location)	Maryland ()	If outside corporate limits,	write RURAL and give
1	720 Belgis	an Ave		Baltimore	7-7-	township)
-		411 11 V O	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
-	gth of stay in Baltimore		Mos.	MOO Balata	A	
5.	SEX 6. COLOR DR RACE	7. SINGL	Days . E. MARRIED.	720 Belgian	9. AGE (in years)	Inder I Year If Under 24 Hours
,		WIDOW	ED, DIVORCED (Specify)	- /	last birthday) Mon	the Days Hours Min.
	Wale White	Marr		3/27th./1890		
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
	Optometrist	Op	tical	England		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
1	Hugh Rodgers			Anna Boyle		
(Ye	. WAS DECEASED EVER IN U.S. ARME. , no or unknown) (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO	17. INFORMANT	AD	DRESS
	no		212-01-6396	Mrs. L. S. L	emkull 1106.	E. 36th. S
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the condition of the condit of the condition of the condition of the condition of the condi	TH of dying, e.; uns the disease caused deat SES F ANY, GIVII STATING TI AST. ITIONS COI NOT RELATI	(B)		Pancies	4mo 7ma.
			FINDINGS OF OPER			20. AUTOPSY?
AL	march 19, 1950 (Ta. 47	Dancier & m	e tostares to lu	ier.	YES NO X
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLA	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, gi	
	21p. TIME (Month) (Day) (Year,		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
	22. I hereby certify that I att	ended the	deceased from	Jan , 1950 to	Time 10 1950	that I last sam the
	deceased alive on June 19			red at 2:10 Pm from	the eauses and on the	e date stated shows
	234 IGNATURE	_,		3B. ADDRESS	the caused and on the	23c. DATE SIGNED
1	h = 1 P +			11N) GH	54	Tem 20, 19, 0
24	A. BURIAL, CREMA- 24B, DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town, o	The second secon
TIC	N. REMOVAL (Specify) 6/22/3		New Cathedr		altimore	Md.

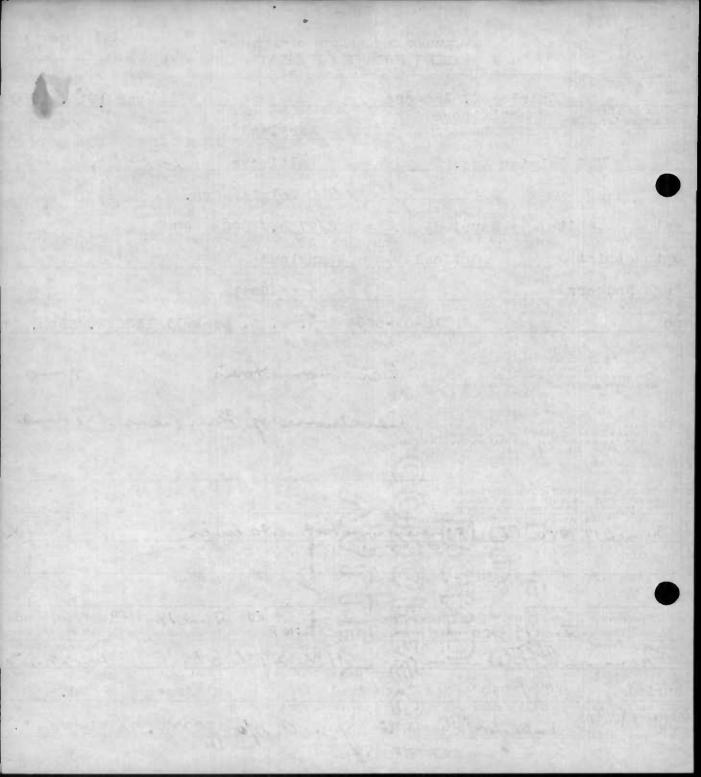
REGISTRAR'S SIGNATURE

Baltimore

25. FUNERAL DIRECTOR

Md.

ADDRESS

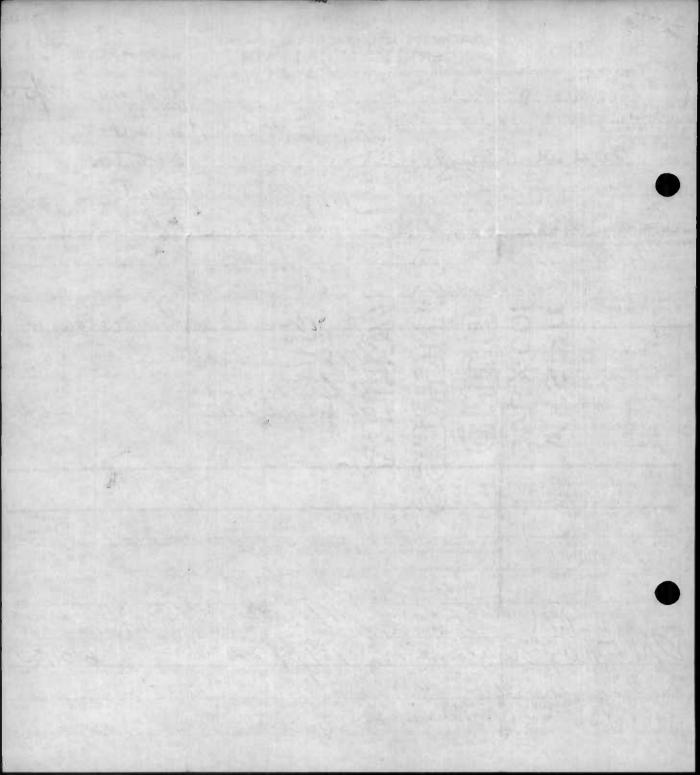


BALTIMORE CITY HEALTH DEPARTMENT

50 5505

Registered No.____

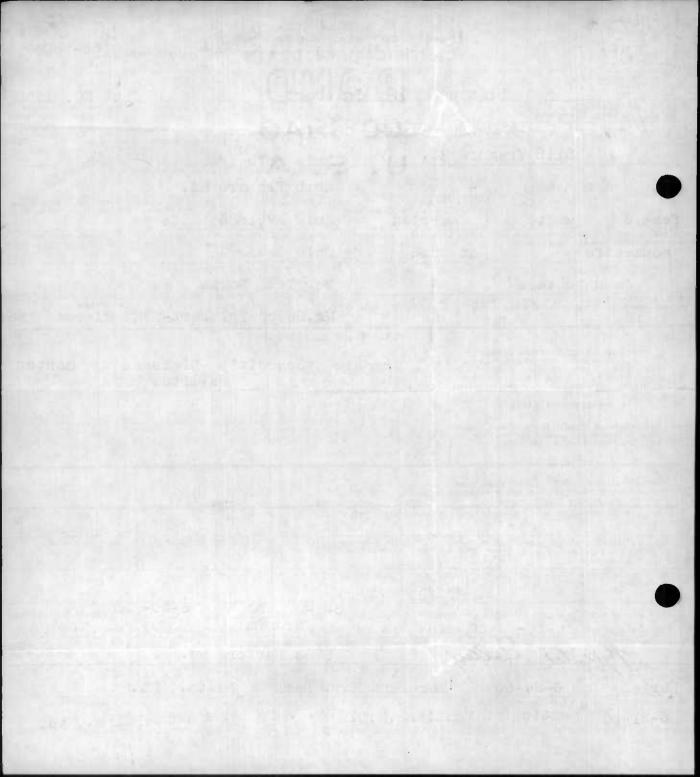
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) QUALE MIYNICK	2. DATE OF USE 19450
a. Baltimore City, Maryland 33 all 2011	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	or 902 x noach by
INSTITUTION OZ & Bauli, St.	(In desired by oracle mints, write RORAL and give township)
Yrs. Mos.	
gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SNIGLE, MARRIED,	1 702 x // Saiples Of
Found White Widowed, Divorced (Specify	Alast birthday) Months: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME,	14. MOTHER'S MAIDEN NAME
John Bartiel	Christing Busgeding
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	anna Mutthell 813 Eaton Or
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pertusue andio Va actus 2 %
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	al d
injury or complication which caused death.) DUE TO	mie supreselet
ANTECEDENT CAUSES	acometime atom. 24 WK.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21a. ACCIDENT WAS UNDER. 21a. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY WHILE AT NOT WHILE	
m. WORK AT WORK	711 19 1112
22. I hereby certify that I attended the deceased from	197, to 9, 19 , that I last saw the
decased alive on 6/18/, 1950 and that death occu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mitestult. Tuncana M.O.	16/67 Wet Que 6/20/50
24A. BURIAL, CREMA- ION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY PREGISTRAR'S SIGNATURE	M (LULY) (LULY) ADDRESS
OCAL REGISTRAP TEMETRALES STENANTIALISMAN NE	25. FUNERAL DIRECTOR ADDRESS
	I lall beat deliness -



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5506 Registered No. 50-5506

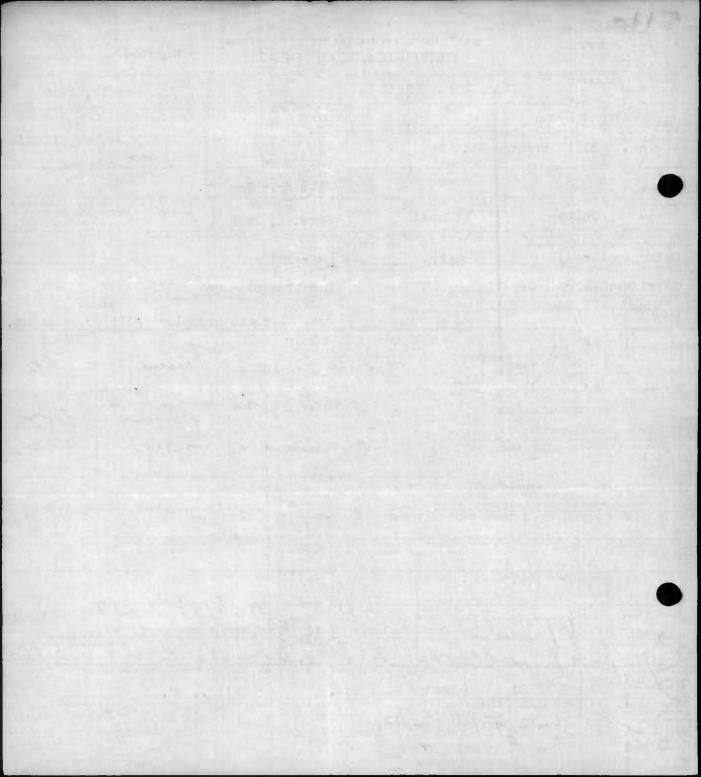
В	IRTH NO.			OLIVIII IOATI	L OI DEATH			
1.	NAME OF D	DECEASED				2. DATE		
(1	Type or Print)		Blanc	he D. To	glehart	DEATH Jui	ne 20	1950
	Baltimore	City, Maryland	12.4		4. USUAL RESIDENCE (W		institution	: residence ore admission)
В.	FULL NAME	OF (If not in hospit	al or institut	on, give street address or				
IN	OSPITAL OR			location)	c. CITY OR TOWN (If	outside corporate limi	ts, write RI	JRAL and give township)
		0 5215 Tr	ramore	Rd.	Baltimore	71	-03	townsnip)
	- Est			Yrs.	D. STREET ADDRESS (If	rural, give location)		
c.	gth of s	stay in Baltimore	-	Mos. Days	5215 Tramore	Rd.		
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year	If Under 24 Hours
	female	white		ED, DIVORCED (Specify) Married	July 27,1885	64	onths Days	Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	
	housew		at	home	Ohio		WHA	T COUNTRY?
13	B. FATHER'S				14. MOTHER'S MAIDEN NA	AME	1	
	Jo	hn Deavers			Harriett Book	ze		
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS	
(X e	s, no or unknown)	(If yes, give wer or date	s of service)	SECURITY NO.	Mr.Ralph Igle			sem Ave
								VAL BETWEEN
	18.	I I		CAUSE	OF DEATH			AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEAT		0.3		21 2 . 1		
	(This does	s not mean the mode of	f dying, e. g		ic myocarditis			nonths
		are, asthenia, etc. It mea complication which c			Me	ellitus		
		ANITECEDENIT CALL	-					
7	311	ANTECEDENT CAUS	ES	(B)				
Z O	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B)G	***************************************	*****************************		********************
E	UNDERLY	THE ABOVE CAUSE (A)	STATING TH	E OUE TO				
CAT				(C)				
L		11	-					
RTIF		SIGNIFICANT CONDI						
CE		G TO THE OEATH, BUT						
				FINDINGS OF OPER	RATION		120.	AUTOPSY?
AL		0					YES	□ NO □
Q	21A. ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City,		
EDICAL	LYING O	R CONTRIBUTING	about home,	erm, factory, street, office bldg.,	otc.) INJURY OCCUR?			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE				
			m.	WORK AT WORK				
	22. I hereb	y certify that I att	ended the	deceased from	3-1- , 19 50 to	6-20-195		last saw the
	deceased a	live on 6-20-	19.50	and that death occur	rred at 12:30 Pmrom t	he causes and on t	he date s	tated above.
	23A. SIGNA		2 00		38. ADDRESS		23c. D/	ATE SIGNED
	1	Gleto X	Toller	M. D.	5103 Harford	Rd.		6-20-50
2	AA. BURIAL.	REMA- 248. DATE	V	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	, or county	(State)
TI	Burial	6-24-	50 1	Moreland M	em. Park Ba	lto., Md.		
D	ATE RECEIVE	D BY REGISTRAR		RE	25 FUNERAL DIRECTOR		ADDRES	SS
L	6-21-	BAR Hunting	ton W	Illiams, M.D	Wm.J.Tickner	& Sons-Pa	1+0	263
_	0 51-6		9441	,,,,,	P 5 0 0	Some-Da	100.	Md.
	VS 150	1	1 41		2 0 0	1 1		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5507

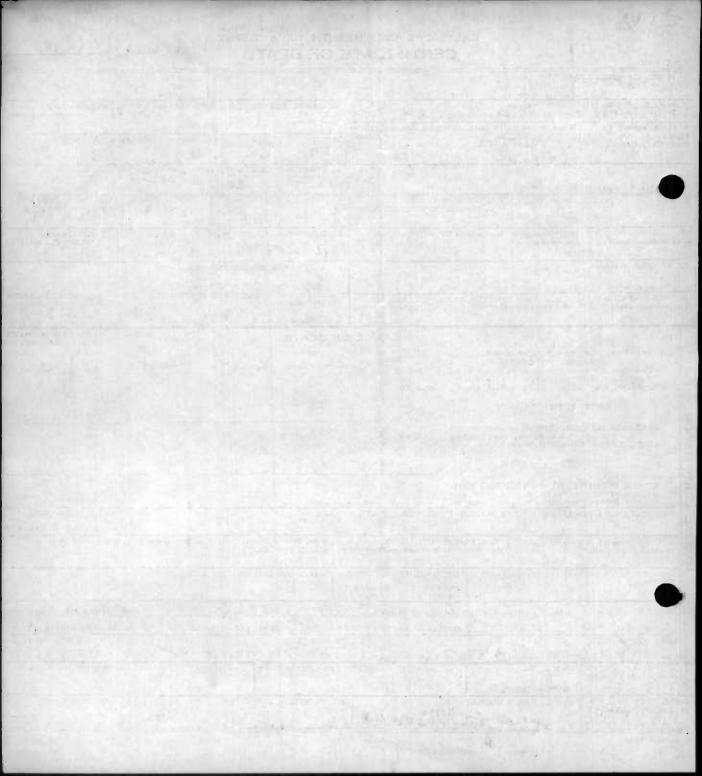
В	RTH NO.			CERTII ICATI	- OI DEATH		
	NAME OF DE ype or Print)	ECEASED (CHARLES	D. FERREE		2. DATE OF June	18, 1950
A.		ity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If B. COUNTY	institution : residence before admission)
H	FULL NAME (OSPITAL OR ISTITUTION	3111 Bright		ion, give street address or location)	Md. c. city or town Baltimore	(If outside corporate limit	s, write RURAL and give township)
c.	gth of st	ay in Baltimore		Yrs. Mos. Days	3111 Brighton		
5.	male male	6. COLOR OR RACE White	7. SINGLE	MARRIED, (ED DIVORCED (Specify)	8. DATE OF BIRTH Sept. 8, 1869	9. AGE (In years last birthday) Mo	t Under 1 Year It Under 24 Hours nths Days Hours Min.
1C	Owner (re	CUPATION (Give kind of f working life, even if retired)	0	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign eountry)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S N	AME	UT OF C	cery	14. MOTHER'S MAIDEN	NAME	
	Alexander				Caroline Cleme	ns	
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	no			no	Mrs. Clarence	Grempler 311	1 Brighton St.
Z	(This does heart failu injury or	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of	of dying, e. g ins the diseas eaused death	a., (A) acu		Cards Knu	onset and death I da
FICATIO	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING TH		remona of	Lung	2 mm
LERTI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ŁD .			
1				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL		4					YES NO
MEDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
4	21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURRI		RY OCCUR?	
			m.	WORK AT WORK	110	61,8	10
		y certify that I att	-		19 to_	, 19	_, That I last saw the
	deceased al		_, 19	and that death occur	red at Apperson, from	the causes and on t	he date stated above
9	174	shy La	ulla	uto M.D.	676 Washing	du Ble	6/20/50
ZI TI	on RIMOVAL S Barial	24B. DATE pecify) 6/22/50		24c. NAME OF CEMETE Loudon Park Co		LOCATION (City, town	, or county) (State)
DL	ATE RECEIVED	BY REGISTRAR		DIRE MAN A	25. FUNERAL DIRECTO		Somess Balt
=	VS 150	S. S. Marin	on registration	ANNA CARLONNAMENT THROUGH		11:	md.



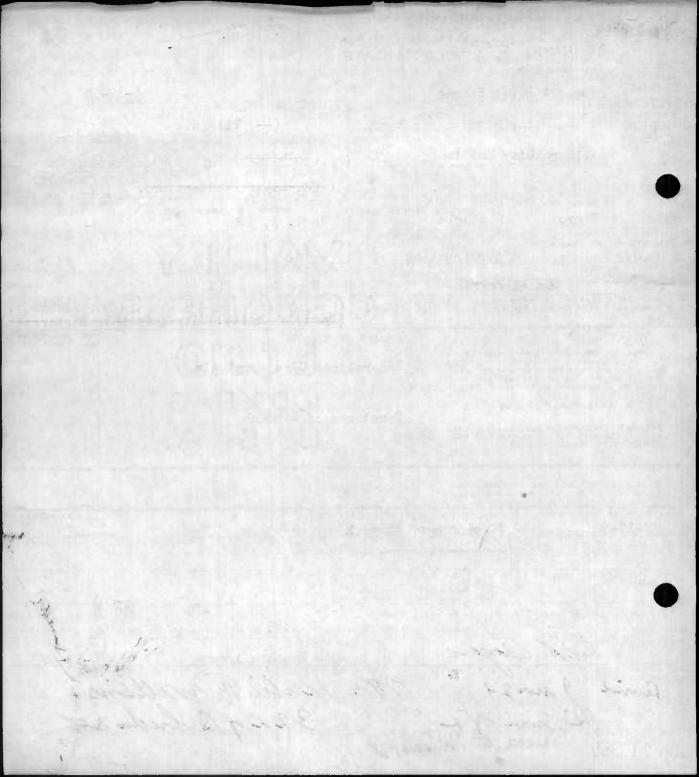
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5508

В	IRTH NO.						
(T	NAME OF D Type or Print)	7.01	IAR	. JENIF!	ER	of DEATH	17-5-0
Α.		City, Maryland C	Balle	more not	4. USUAL RESIDENCE (\)	Where deceased lived. If B. COUNTY	institution : residence before admission)
H	STITUTION	BAR-WI	pital or instituti L-BA	on, give street address or location)	c. CITY OR TOWN (II	outside corporate limi	ts, wite RURAL and give township)
0	igth of s	tay in Baltimore	1	Yrs. Mos. Days	1608 Junes	rural, give location)	
5.	J.S.EX	6. COLOR OR RAC		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year on the Days Hours Min.
1C orl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S I	VAME RO	real		14. MOTHER'S MAIDEN N	AME	
15 Ye	was DECEAS	ED EVER IN U.S. ARM	IED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	, Janiper 2 3	DDRESS
	(This does	SE OR CONDITION LEADING TO DE sonot mean the mod ure, asthenia, etc. It in complication which	EATH e of dying, e. g reans the diseas	(A) X	of DEATH (Hart.	METERVAL BETWEEN
ERIFICATION	OTHER S	ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION II BIGNIFICANT CON G TO THE DEATH, BY	, IF ANY, GIVINA) STATING TE LAST.	(C)			
ALC		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
FDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., c		If in Baltimore City,	give exact location)
Σ	OF INJURY	(Month) (Day) (Yes	m.	VHILE AT NOT WHILE AT WORK		Y OCCUR?	
	deceased a	live on 6 - 16 -		deceased from 5	red at 3 20 195 0, to b		_,Ahat I last saw the he date stated above.
	23A. SIGNA	clorge	of the	ger M.D. Ve	9/6n. Moren	fsl.	6-17-50.
	ON, REMOVAL (S		1	AC. NAME OF CEMETE	RY OR CREMATORY 24b. L	OCATION (City, town	, or county) (State)
	JUN 2	950 REGISTRA	R'S SIGNATU	Williams, M.	25. FUNERAL DIRECTOR	8,1307 Paris	ADDRESS
	VS 150	N.	No.	- Andrews and I	Qu'		93)



ES-13	S2824 CERTIFIC	AILU	UKKELIED_	0-22-50	XE	0
BIRTH NO.	50 5509		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered N	5509
1. NAME O (Type or Pri	F DECEASED nt) Herbert Lev	ris Perr	am		2. DATE OF DEATH 6-19	2_50
	F DEATH: re City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If i	
B. FULL NA HOSPITAL	OR		on, give street address or location)	C. CITY OR TOWN (If		, write RURAL and give township)
- Author			Yrs. Mos.	D. STREET ADDRESS (If	i chmond rural, give location 222	3 Main St.
5. SEX	6.COLOR OR RACE Negro	7. SINGLE	, MARRIED, ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mor	Under I Year H Under 24 Hours Min.
10A USUAL	OCCUPATION (Give kind of most of working life, even if retired)	Sing	OF BUSINESS OR INDUSTRY	Sept. 3, 1907	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	SNAME		ruction	14. MOTHER'S MAIDEN NA		
15. WAS DEC	EASED EVER IN U.S. ARMED	Pegran	16. SOCIAL		D)	mpsem://01/0
(Yes, no or unkn	own) (If yes, give war or date	of service)	SECURITY NO.	(Recorder Balter	-City-Hespite	le-Eastern-Ave
Z DISEA RISE TUNDE	does not mean the mode of callure, asthenia, etc. It mea or complication which complication which complication which complication which complication	ns the disease aused death. ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Carcine (B) Carcine (C)	lized Carcinomatos	5.13	
19A DAT		9B. MAJOR	FINDINGS OF OPER Oma of Stomac			20. AUTOPSY?
21A. AC LYINGE CAUSE	CIDENT WAS UNDER. OR CONTRIBUTING OF DEATH E (Month) (Day) (Year)	218. PLA about home, fe	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (1 INJURY OCCUR?	f in Baltimore City, g	YES NOW
decease	reby certify that I att		and that death occur	, 20	he causes and on th	, that I last saw the e date stated above. 23c. DATE SIGNED 6-19-50
DATE RECE	L (Specify) July	24 S SIGNATU,	AC. NAME OF CEMETE		CATION (City, town, of Waller	
JUN ^S 2 ¹⁵	1 KM Cmo	inter!	Villenia M.P	3224	Schrede	11/2
JUNZ	Page	-	all markets of	8509		4612



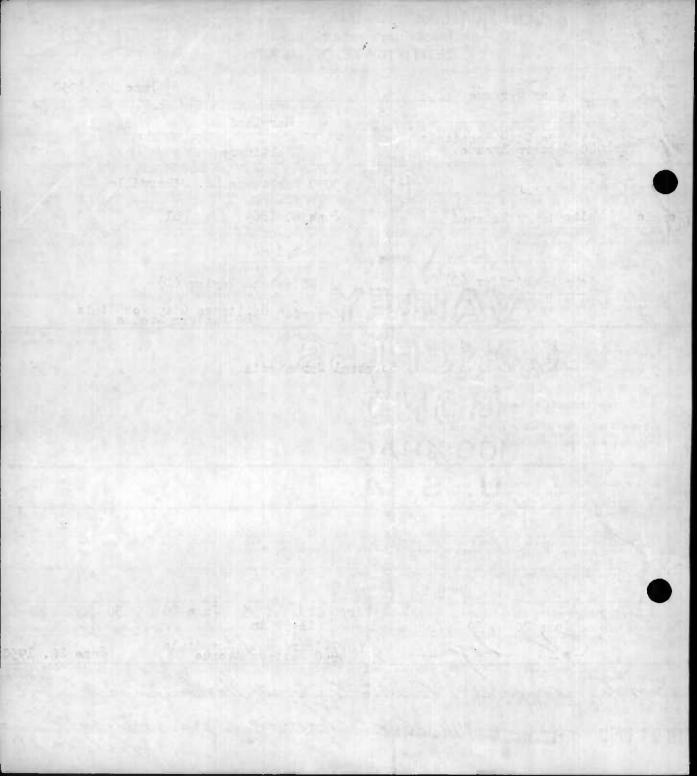
1	B-1	50	5510				EALTH DEPARTMEN		50	
В	IRTH NO.		> () ()		CERT	IFICAT	E OF DEATH	Reg	istered No.	
	NAME OF I	DECEASED	ARI	MOND	V	BROWN	SN	2. DATE OF DEATH	June	18, 1950
	Baltimore		yland				4. USUAL RESIDENCE A. STATE	(Where decease		
	FULL NAME	OF (If r	ot in hospita	l or institut	ion, give st	reet address or location)	Maryland			
11	NOITUTION	South	Baltimo	ore Ger	neral 1	Hospital	Baltimon		/2-	write RURAL and give township)
-	orth of	stav in Ba	ltimore	34	D Lee	Yrs. Mos.	D. STREET ADDRESS	(If rural, give lo	1	
5.	SEX.		OR RACE	7. SINGLE	ARRIE	Days Days	8. DATE OF BIRTH	9. AGE (lr	years H Un	der 1 Year If Under 24 Hours
_	Male	Whi		me	me	RCED (Specify)	9/23/15	134	hday) Mont	
worl	A. USUAL OC	ofworking life,	(Give kind of even if retired)	10B, KIND	OF BUS	NESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign countr	y) 1:	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME	10	V un	a put	7	14. MOTHER'S MAIDEN	NAME	1	
	Fa	Ke	Din	ww			Sofia 1	Jones		
15 (Ye	o, no or unknown)	ED EVER IN	U. S. ARMED	FORCES? of service)	16. SOC SEC	IAL URITY NO.	17. INFORMANT		ADD	DRESS
	18. E		NDITION E				OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	(This doe heart fail	s not mean	the mode of , etc. It mean	dying, e. g	g., (A)	ration of vomit	us	***************************************	***************************************
I	injury or	complication	on which ea	used death	.) DUE	TO elec	etrocution			
7	DICEACE		ENT CAUSE)	***************************************	************************		***************************************
TIOI	RISE TO	THE ABOVE	DITIONS, IF CAUSE (A) S DITION LAS	STATING TH		то				N. C. S.
ICA			11		(C				***************************************	***************************************
ERTIFICATION			II NT CONDIT EATH, BUT N							
CEF	TO THE E	ISEASE OR	CONDITION	CAUSING I	т					
	19A. DATE	OF OPERAT	10N 19	B. MAJOR	FINDING	S OF OPER	ATION			YES X NO
EDICAL	21A. EXTER UNDERLYIN	NAL CAUS	E WAS	21B. PLA	CE OF IN	JURY (e. g., li treet, office bldg., e	or 21c. WHERE DID	(If in Baltimo	ore City, give	e exact location)
MED	UTING [CAUSE OF	DEATH.	Indust			Revere Copper			
2	21b. TIME OF INJURY Ne I		2 2 4		WHILE AT X	NOT WHILE	Electrocuted	by touch:	ing an	overhead wire
	22. I certi	jy that I	took charg				bove, held an Auto	psy		thereon and from
	the ev	idence obt	ained by s	said Auto	psu. Ins	pection or I	nquiry, find that said □ accident ★ suici	y, Inspection or deccased did de □, homici	ed on the	day stated above, letermined [
	23A. SIGNA		- K-x	Our	enel		238. CHIEF MEDICA ASSISTANT MEDICA	L EXAMINER.	23c.	DATE SIGNED
24 TI	A. BURIAL.	CREMA- 24	B. DATE	1	24c. NAMI				y, town, or	
D	ATE RECEIVE	D BY I	GISTRAR'S	SIGNATU	RE	u no	25 FUNERAL DIRECTO	2000/	educk	DDRESS
L	JUN 2	1950	Thute	to	in .		Jay VOXI	otra	lm	193 1/
V	S 151	1-99.	2 X	3		98	rug of	03-8	.25	5×

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) June 20, 1950 Jane Sprague DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 1940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, write RURAL and give township! Baltimore-Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 3039 Parktowne Rd. Pikesville th of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years las birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Female June 4, 1869 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hansdoffer (D) Elizabeth Taylor (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records Baltimore City Hespitals Records 4940 Eastern Avenue SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from March 7 10 19 450 June 20 , 19 50 that I last saw the deceased alive on June 20 19 50 and that death occurred at 11:30 Amfrom the causes and on the date stated above.

23A. SIGNATURE Baltimore City Hospitals 4940 Eastern Avenue 23c. DATE SIGNED June 20, 1950 M. D. BURIAL, CREMA-248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ION, REMOVAL (Specify) ADDRESS

25. FUNERAL DIRECTOR

ATE RECEIVED BY SEGISTRAR'S SIGNATURE



K-5 75512 5512 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: (Where deceased lived, If institution: residence 4. USUAL RESIDENCE O. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) Mos. allen Lun gth of stay in Baltimore Days 6. COLOR OR RACE

DUE TO

(C) .

WHILE AT WORK

before admission) (If outside corporate limits, write RURAL and give township) If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min.

7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)

maller KIND OF BUSINESS OR

INDUSTRY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

18.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION / 198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-

about home, farm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) NJURY

22. I hereby certify that I attended the deceased from. deceased alive on_

19 60, and that death occurred at 12 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE DATE RECEIVED BY

LOCAL REGISTRAR

1705

(State or foreign country)

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

238 ADDRESS

1m ..

CAUSE OF DEATH

(If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

198 that I last saw the

from the causes and on the date stated above. 23c. DATE SIGNED

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

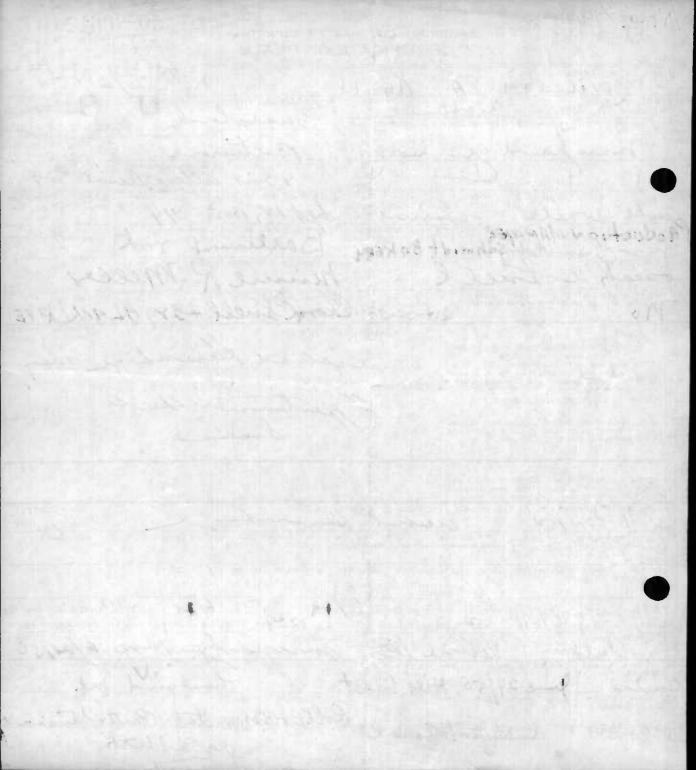
YES

THE REAL PROPERTY OF THE PARTY OF THE PARTY

NOT WHILE!

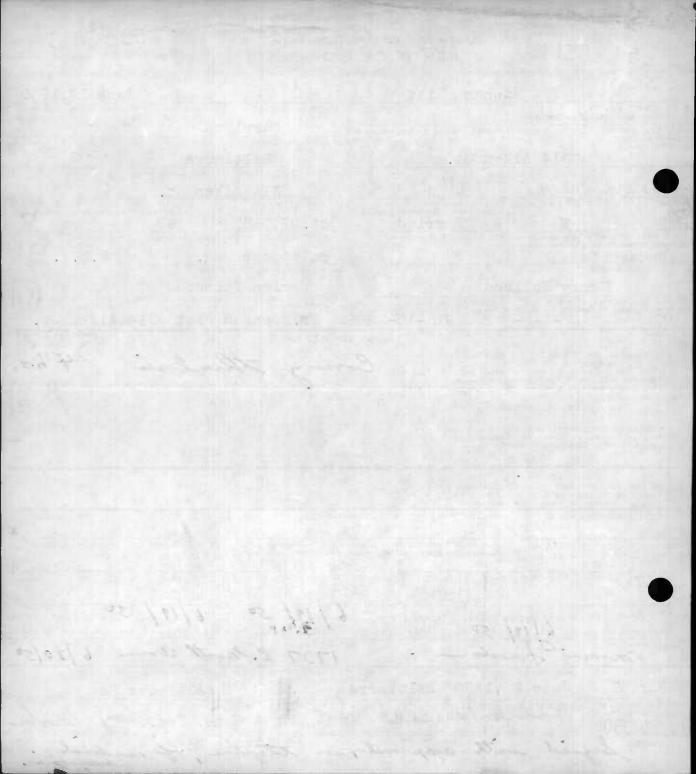
AT WORK

24c. NAME OF CEMETERY OR CREMANORY



R-230

BIRTH NO.	5513		TIMORE CITY HE			Registered No	5513
1. NAME OF D (Type or Print)		annah	Rist			ATE OF EATH Jun	e 19,1950
Baltimore				4. USUAL RESID			stitution: residence before admission)
B. FULL NAME HOSPITAL OR		al or instituti	on, give street address or location)	Mar	ryland		
INSTITUTION	2714 43	lean C4		c. CITY OR TOWN	altimore		write RURAL and give (township)
00	2314 Ai	Kell Di	Yrs.	D. STREET ADDR			1-00
c. I gth of s	stay in Baltimore	I	ife Mos.		Aiken	_	
5. SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. A	GE (in years HU	nder I Year if Under 24 Hours ths: Days Hours Min.
F	W	l l	Married	Oct. 27,18	381	68	Days Hours Hall
IOA. USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?
House				Baltimor			U.S.A.
13. I ATHER 3 I	Henry Holl	and		14. MOTHER'S MA			
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	I7. INFORMANT	n Thorwo		
Yes, no or unknown) NO	(If yes, give war or date	of service)	216-10-3826		arad Rig	t 2314 A	iken St
(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT s not mean the mode o are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	'H f dying, e. g ns the disease aused death. 'ES F ANY, GIVIN STATING TH	(B)	of DEATH	Slim	loci	ONSET AND DEATH
TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
21A. ACCIE LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		OID (If in B	altimore City, giv	YES NO X
ZINTIME	(Month) (Day) (Year)	v	VHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCC	UR?	Quely 167
22. I herch deceased a	y certify that Hatt	1950	deceased fromand that death oecur	/ 70 /	from the car		that I last saw the date stated above.
23A. SIGNA		redne		3B. ADDRESS	. month	avenu	23c DATE SIGNED
100, REMOVAL (S Buria	pecify) +		4c. NAME OF CEMETE			on (City, town, o	
DATE RECEIVE LOCAL REGIST		S SIGNATIVE		25. FUNERAL DIR H Sander &	RECTOR		ADDRESS Jamler
VS 150	Signed .	ita	assisted.	balti	more Md	de .	1. 194a



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH June 20, 1950
4. USUAL RESIDENCE (Where deceased lived, if institution: residence Mr. George C. Herold 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. life of stay in Baltimore 408 S. East Avenue - 24 Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE B. DATE OF BIRTH 9. AGE (In years It Under 1 Year last birthday) Months: Days Hours Min. Apr. 27.1877 White Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired 4 Yrs. Salesman - Bohenglan Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George D. Herold Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (11 yes, give war or dates of service) 16. SOCIAL Mrs. Katherine M. Herold Wife) SECURITY NO. 4-01-6592 AOR S Fort Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Kechneys over OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINEIDIGS 20. AUTOPSY YES X 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 6/16/ _____, 19 50to 6/20/ , 19 50 that I last saw the deceased alive on 6/20/ 1950, and that death occurred at 1:00FM, from the causes and on the date stated above. 23A, SINATURE 23B. ADDRESS 23c. DATE SIGNED Savuska addeus 1400 N. Caroline St. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) June 23. '50 Baltimore Cemetery Burial Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR HENRY SANDER & SONS. INC hunter alon Hellianis

VS 150

278 XV

adenocarcinoma of the adrenal gland. Letter in document file 50-5514 - 7/6/50

4-000

BALTIMORE CITY HEALTH DEPARTMENT

50 5515

BIRTH NO	OTO		CERTI	FICATI	E OF DEATH	Registered	No.
I. NAME OF	DECEASED					2. DATE	
(Type or Print)		JAMES	H.	LEE			ne 19, 1950
3. PLACE OF I	DEATH: City, Maryland				4. USUAL RESIDENCE (f institution: residence before admission)
B. FULL NAME	OF (If not in h	nospital or institut	ion, give stre	eet address or	Maryland	B. COO!\\!	berove administrary
HOSPITAL OR				location)			its, write RURAL and give township)
74//	Univers	sity Hospi	tal		Baltimore		12
A				Yrs. Mos.	D. STREET ADDRESS (II		
c. gth of	stay in Baltimo		E. MARRIEI	Days	238 Pear.	9. AGE (In years)	If Under 1 Year If Under 24 Hours
35-7		WIDOW	ED, DIVOR	CED (Specify)		last hirthday) M	fonths Days Hours Min.
Male 10A. USUAL O	COLOTEC	The Late Carlo	WET OF BUSIN	NESS OR	Nov. 1892	6759	1 12. CITIZEN OF
work done during most	tuf working life, even if re			INDUSTRY		,	WHAT COUNTRY
13. FATHER'S					Maryland 14. MOTHER'S MAIDEN N	IAME	Us S. A.
James	Hee				Mary Maitlan	3	
15. WAS DECEAS	SED EVER IN U.S. A	RMED FORCES?	16. SOCI.		17. INFORMANT		ADDRESS
(Yes, uo ur unknowu	i) (If you, give war t	r dates uf service)	SECU	RITY NO.	M's Fannie Sa		
18. 44	151			CALICE	OF DEATH		INTERVAL BETWEEN
7.7				CAUSE	OI DEATH		ONSET AND DEATH
DISEA	ASE OR CONDIT	DEATH		Hymery	tensive cardiovas	cular diseas	
heart fail	es not mean the m lure, asthenia, etc. I	t means the diseas	se,			······································	
injury o	r complication wh	ich caused death	.) DUE T	0			
	ANTECEDENT	CAUSES					
Z DISEASI	ES OR CONDITIO		NG	***************************************	••••••••••••••••••••••••••••••••		
RISE TO	THE ABOVE CAUSE	(A) STATING THE	HE DUET	0			
<u> </u>			(C)	**************	***************************************		***************************************
E OTHER	SIGNIFICANT CO	ONDITIONS CO	v .				
TRIBUTIN	NG TO THE DEATH.	BUT NOT RELATE	ED	Obesity	7		
U 19A. DATE	OF OPERATION	19B. MAJOR		S OF OPER	ATION		20. AUTOPSY?
							YES NO X
	RNAL CAUSE WA	1		JURY (e. g., in		If in Baltimore City,	give exact location)
UTING [NG OR CONT CAUSE OF DE	I I I					
21b. TIME	(Month) (Day) (RY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
		m.	WHILE AT WORK	NOT WHILE			
22. 1 ccrt	ify that I took	charge of the	remains	described a	bove, held an Inspec	tion & Inqui	TY thereon and from
					Autopsy, inquiry, find that said of	Inspection or Inquiry	7
and d	leath in my opin	nion resulted	from: nati	ural causes	☑, accident ☐, suicide	, homicide [],	undetermined [].
23A. SIRNA	ATURE	1/10	0	0	23B. CHIEF MEDICAL ASSISTANT MEDICAL	ENGANGED TO	3C. DATE SIGNED
Alle	ouley/	Y. Du	Mac	Cu-s_M	.D. MEDICAL INVESTIGATION	TOR	une 20, 1950
24A. BURIAL. TION, REMOVAL (CREMA. 24B. DA	TE				OCATION (City, tow	
Burial		2-50		on Cen		timore CO.	
DATE RECEIVE		RAR'S SIGNATU	JRE		5. FUNERAL DIRECTOR	121	ADDRESS
JUN 21	1950	to to W	lieule.	MA	Motorances)	U. Nemeto 78	W. Biddle St
V S 151	The same	A		0	HCC.	1	937 1
	بالمراجب بالمراجب	45 60	5- 30 20 may " w	/	77		1

M-241	The Kelvey	
50 5516 BALTIMORE	CITY HEALTH DEPARTMENT	50 5516 Registered No.
BIRTH NO.	ICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Marshall H. MC	Kelrey	2. DATE JOS AND DEATH MENO 19. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 28/7 Oresland	a. STATE	here deceased lived. If institution: residence B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street	1	Pales
NSTITUTION .	Ballimore	outside corporate limits, write RURAL and give township)
gth of stay in Baltimore Life	Yrs. D. STREET ADDRESS (II) Mos. Days 2917 Over	rural, give location)
6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORC	8. DATE OF BIRTH	9. AGE (In years
USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINE	SS OR 11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF
1 /1 // // //	NOUSTRY Ceocheusvil	le M. A. TWHATCOUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
John M Kelney	da jor	es
(If yos, give war or dates of service) (If yos, give war or dates of service)	ITY NO. 17. INFORMANT	+ 2-817 Overland are
18. W2011	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 -4	1 SOO
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	oronary aron	Mosis Juddle
ANTECEDENT CAUSES	0	· Care
(B) .	sionary scler	osis signis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0	8
Ch.	nic Myscarditis	, 3rd o ograna
II CONDITIONS CONDITIONS	me Mysica mins	0110-11 0 .
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	arca; Umputated	left leg (Phlebollimbreis.
198. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJU about home, farm, factory, stree		f in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	OCCURRED 21F. HOW DID INJURY	OCCUR?
WHILE AT	NOT WHILE	
22. I hereby certify that I attended the deceased fr		19, 19.50, that I last saw the
deceased alive on June 17, 19 SD, and that de		he causes and on the date stated above.
25A/SIGNATURE HAS COLD	M. D. 4766 Harfor	a Road June 19, 1950
244. BURIAL, CREMA- 278, DATE 24C. NAME O	F CEMETERY OR CREMATORY 240. LC	OCATION (City, town, or county) (State)
Queral Vine 2 2/50 Poor	pe Countery Coc	beyordle, Ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	era 500 Plo White
VS 150	5/15	
UN 2 1 1950	XV	43)

Harbold. 4706 Harford Pl Logic any action acid. A MATERIAL CONTRACTOR OF THE SECOND CONTRACTOR 4766 Ferroll Very frally 1950 The state of the second second

	50	551	17	BAI	LTIMORE CITY HE	ALTH DEPARTMENT	u 50 51	=417
RI	RTH NO.				CERTIFICATE	OF DEATH	Registered No.)11/
1. NAME OF DECEASED (Type or Print) Peter Olson							2. DATE OF Time S	20.50
3. PLACE OF DEATH:						4. USUAL RESIDENCE (W	There deceased lived. If inst	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					ion, give street address or	D.C.	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION U. S. Marine Hospital				Hospita	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
87 Wyman Park Drive & 31st Street				1st Street	Washington township)			
Yrs.					Yrs. Mos.	o. STREET ADDRESS (If rural, give location)		
c. Igth of stay in Baltimore 4 days Days					Days	1300 Main Ave., SW		
	sex Wale	WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH 3/26/94	9. AGE (In years last birthday) Month	s Days Hours Min.		
10	A. USUAL O	CCUPAT	ION (Give kind of life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF
Ca	aptain		mo, or our randary	Seafa	rer industri	Sweden What country?		
13	FATHER'S	NAME				14. MOTHER'S MAIDEN NAME		
	erson Ol					Unknown .		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 578-09-4295.			17. INFORMANT ADDRESS Records- U.S. Marine Hospital					
	18. 47	0.1			CAUSE	OF DEATH		INTERVAL BETWEEN
y	DISEA	EASE OR CONDITION DIRECTLY						ONSET AND OEATH
	(This do	es not m	ING TO DEAT	dying, e.	Arterio	sclerosis, corone	ary with occlu-	3 days
	heart fai.	does not mean the mode of dying, e.g., failure, asthenia, etc. It means the disease, or complication which caused death.) Arteriosclerosis, coronary with occlu- Sion and myocardial infarction: pul- out to nonary edema and lydrothorax, bilateral						
		ANTEC	EDENT CAUS	FS				
Z			(B)				***************************************	
2			ONDITIONS, IF					
CA	UNDERI	YING C	ONDITION LA	ST.				
Ē	ETENIES !		15,,		(C)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OUE TO OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-								
S E			OR CONDITION			***************************************		
		PATE OF OPERATION 198. MAJOR FINDINGS OF OPERA				ATION		20. AUTOPSY?
CAL								YES X NO
1EDIC	HOMICIDE	A. ACCIDENT. SUICIDE. DMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						exact location)
2	210. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	- TOOK!			m.	WHILE AT NOT WHILE			
1	22. I here	bu certi	fu that I atte			16, , 1950, to	June 20 19 50 t	hat I last sam the
						red at 7:25 pm., from ti		
	23A. SIGNA	TURE	V/X-KU	1 2.	Wisser 2	3B. ADDRESS	2	3c. DATE SIGNED
			oh, Medica		M. O. 1 U	.S. Marine Hospita		6/20/50
TIC	DN REMOVAL	Specify,	6/24/J	0	Clar tel	Des LD. C.	Deniston of	county) (State)
	ATE RECEIVE		REGISTRAR'S	SIGNATU	RF	25. FUNERAL DIRECTOR	- t	DDRESS
L	CAL REGIS	IRAR		witon	/ Hulland Mar	Well Frank +	lines 2901	MSXNW
T	VS 150	JU			or action of the appropriate and the second		, 17.	ash D.C.
			4 grade "Ay dig for a	*.4		51	ailo	
	-		A SHEET		150	0/	140	

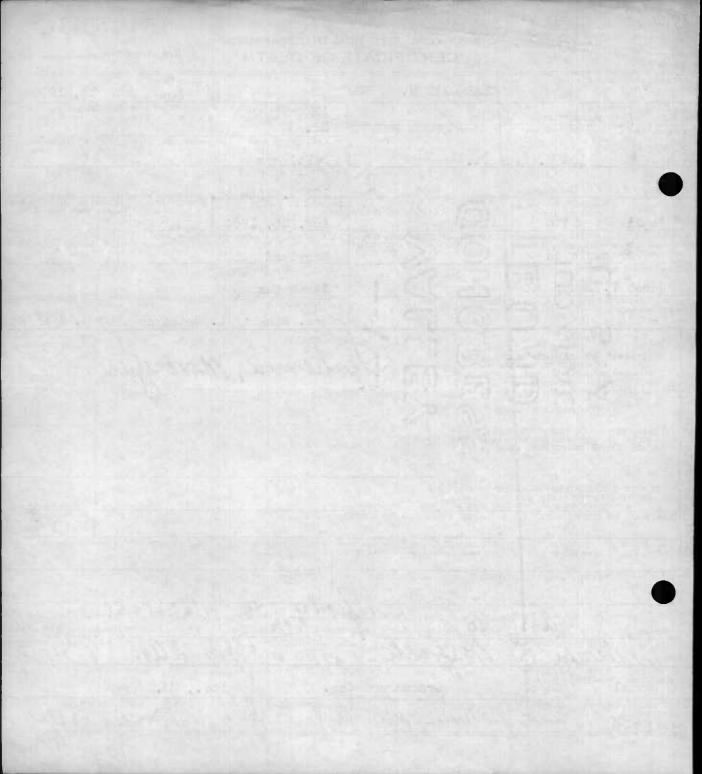
A STATE OF THE PARTY OF THE PAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5518

Registered No-

BIRTH NO 1. NAME OF OECEASEO 2. OATE (Type or Print) CHARLOTTE M. BOWEN OF June 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 103 W. 39th St. Baltimore D. STREET AODRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Davs 103 W. 39th 8. DATE OF BIRTH 9. AGE (In years Munder 1 Year Mours Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, OIVORCED (Specify) femade white single Aug. 21, 1884 10A. USUAL OCCUPATION (Givekind of) IOB, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? never employed Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob T. Bowen Sarah Cox 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mrs. Pinkney L. Sothoron 103 W. 39th St INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY emia, Moxocytic LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL VES 21A. ACCIOENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from U line 1 19 Jo and that death oc urred at_ (0 decoased alive on Am from the causes and on the date stated above. 23A SIGNATI 23B. AODRESS 23c. DATE SIGNED BURIAL, CREMA-248. DAT C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify Burial 6/22/50 Greenmount Cem. Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 一次一次。 . 九四年四年四五日日 VS 150



740				50 5540	
1389 . 1.34.7	TIMORE CITY HE			50 5519	
BIRTH NO.	OLIVIII IOATE	OI DEATI	•		
I. NAME OF DECEASED (Type or Print) FREDERICK	WILLIAM	JOECKEL	2. DATE OF DEATH	June 21, 1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland		A. STATE	NCE (Where deceased liv B. COUN	ved, If institution: residence	
B. FULL NAME OF (If not in hospital or institute HOSPITAL OR 2324 & St. Paul		Maryl			
HOSPITAL OR 23rd & St. Paul Beck's Clinic	565. Incation)	c. CITY OR TOWN Balti		e limits, write RURAL and give township)	
	Yrs.	D. STREET ADDRES	55 (If rural, give location	on)	
gth of stay in Baltimore [6.COLOR DR RACE 7.SINGLE	life Mos. Days		ColeherneRoad		
WIDOW	ED, DIVORCED (Specify)	8. DATE OF BIRTH		ars If Under 1 Year If Under 24 Hours y) Months Days Hours Min.	
Male White mar	ried	July 4, 188			
ork done during most of working life, even if retired)	of Business or INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	o o o oy	Maryland	DEN NAME		
Conrad E. Joeckel		Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dutes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no	no	Mrs. Mary	M. Joeckel 46	618 Coleherne Rd.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Metastases to the liver DUE TO COTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED					
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?	
UNDERLYING OR CONTRIB. about home, for UTING CAUSE OF DEATH.	CE OF INJURY (e. g., in arm, factory, atreet, office bldg., et	c.) INJURY OCCUR	?	City, give exact location)	
OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID	INJURY OCCUR?		
22. I certify that I took charge of the	remains described al	hove, held an	Autopsy	thereon and from	
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\square\), suicide \(\square\), homicide \(\square\), undetermined \(\square\).					
23A. SIGNATURE REFEREN	10	238. CHIEF MED	DICAL EXAMINER		
24A. BURIAL, CREMA-24B. DATE 10N. REMOVAL (Specify) 6/24/50	Druid Ridge	Y DR CREMATORY	24b. LOCATION (City, Pikesville,	town, or county) (State)	
DATE RECEIVED BY REGISTRAR'S GIGNATU		25. FUNERAL DIRE		ADDRES TILLS	
TUN 0 1 3050	1	11 - 1:	Actores ?	CORD TYME	
7) § 11 13 3 0	60098	U	705199000	469	

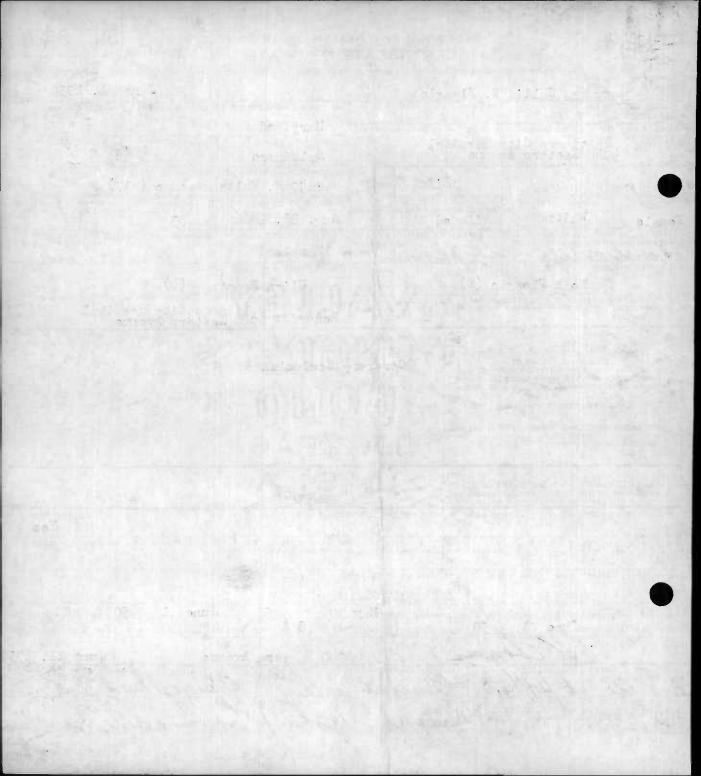
THE REPORT OF THE PARTY OF THE

	50	5520
egistered	No	()(),5()

REA-13846	14			EALTH DEPARTMENT	5	U 5520
IRTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
NAME OF D Type or Print)		A. F1	eagle		of June 21	1, 1950
EILL NAME	EATH: City, Maryland	nl an inatitut		4. USUAL RESIDENCE (WA. STATE Maryland	There deceased lived. If ins	stitution : residence before admission)
OSPITAL OR NSTITUTION	Baltimore Ci	ty Hosp Avenue	ital location)	c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and give township)
	tay in Baltimore		Life Yrs. Mos. Days	2259 N. Fulton	4 4	
Female	6.COLOR OR RACE	Wido	E. MARRIED. ZED. DIVORCED (Specify) Wed.	Aug. 22, 1866	83	der I Year If Under 24 Hours hs: Days Hours Min.
House during most		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY!
3. FATHER'S N	Noah Flea	sle (D)		14. MOTHER'S MAIDEN NA Eliza Koontz	4	
5. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	Records: 4940 Es	re City Hospi	RES
(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It means complication which complication with the complete comp	'H f dying, e. g ns the discas- auscd death ES FANY, GIVIN STATING TH	(B)	y Occlusion		ONSET AND DEATH
TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
19A, DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		YES YORO
LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c. WHERE DID (III	f in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WORK NOT WHILE AT WORK		OCCUR?	
deceased al	ive on June 21	ended the	deceased from May	rred at 8 A m., from th		date stated above.
23A. SIGNAT		the.	M. D.	38. ADDRESS 4940 Eastern Avent RY OF CREMANDRY 240. LC	ie .	June 21, 195
ON REMOVAL (S	necify	/ "	TO. NAME OF CEMETE	Z4D. LC	CA FION (CITY, town, or	county) (State)

The State of the S

VS 150



50 5521

Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH June 21,1950 ANDERS NORD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RWAL and give C. CITY OR TOWN 1014 Ashland Court Baltimore Yrs. o. STREET ADDRESS (If rural, give location Mos. igth of stay in Baltimore 1014 Ashland Court Days 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years | If Under I Year | If Under 24 Hours | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Male Nov.20,1865 84 Married White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Machinist, retired Remington & Sherman Sweden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mrs Kristina Nord, 1014 Ashland Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 19 to 20 __ 19_1 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on My here, 19 10, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMAurial North Cedar Hill Philadelphia, Pa. DATE RECEIVED BY REGISTRAR'S SIGNATURE HONDAL DIRECTOR ADDRESS

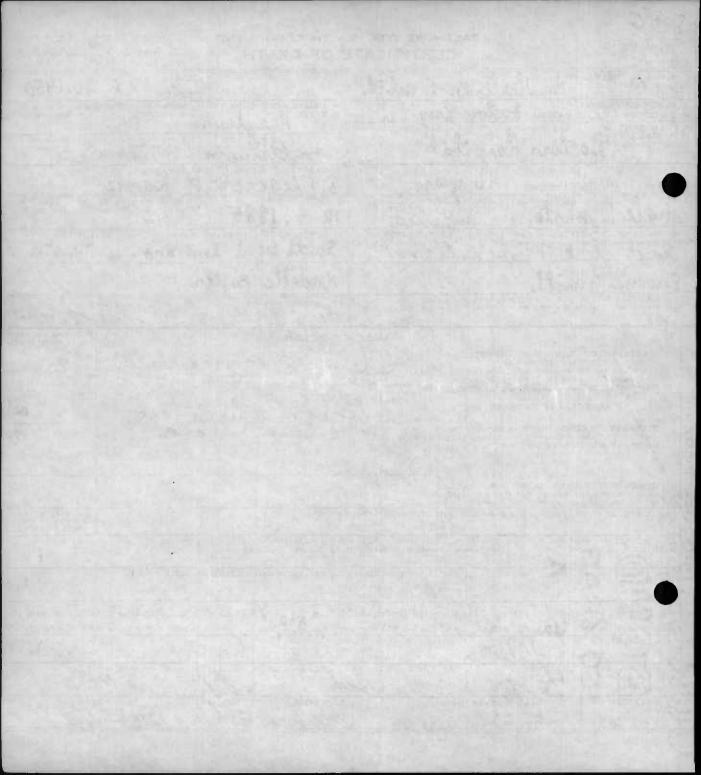
eli,di.

53	0
50	5522
BIRTH N	in

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5522

	IRTH NO.			CERTIFICA	TE OF DEATH	Regist	ered No	00,00
1.	NAME OF DECEA	H. H	erle B	. Smith		2. DATE OF DEATH	6.21	0.1950
A.	Baltimore City,	1: 4	roctors;	logital n, giv street address	A. STATE	E (Where deceased I		on : residence before admission
H	OCDITAL OD	octors		locatio		(If outside corpora	.7-08	RURAL and give
9	ngth of stay i	in Baltimore	46 m	Yrs Mos Day	810 Coday	Caft K	ion) (. 12	
5	male 1	white	WIDOWE	MARRIED. ED, DIVORCED (Speci	(y) 12.3.188	5 AGE (In your last birthd	Months Da	a # Under 24 Hours Ays Hours Min.
or	Hotel cu	ATION (Give kind of ing life, even if retired		OF BUSINESS OR		l Indiana	WH	AT COUNTRY
	Emer's NAME	mith			Hadelle P.	sulla		
	5. WAS DECEASED EV	ER IN U.S. ARME yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	ingene	mit, 810	ADDRESS	wal.
CERTIFICATION	(This does not heart failure, as injury or com) ANT DISEASES OR RISE TO THE A UNDERLYING OTHER SIGNITRIBUTING TO	R CONDITION CONDITION TO DEA mean the mode thenia, etc. It me plication which ECEDENT CAU CONDITIONS, BOVE CAUSE (A) CONDITION L FICANT COND THE DEATH, BUT E OR CONDITION	TH of dying, e. g. ans the disease caused death. SES IF ANY, GIVING STATING THI AST. PITIONS CON- NOT RELATED	(B) DUE TO (C)	taisolais	Jocarli Le Carli Seese	0-	
AL	19A. DATE OF OF			FINDINGS OF OP	ERATION		20 YE	O. AUTOPSY?
MEDIA	21D. TIME (Mont NURY) 22. I hereby cer	h) (Day) (Year	about home, fas (Hour) 2 m. witconded the d	CE OF INJURY (e. g. m., fectory, etreet, office bld, in the line of the line o	RED 21F. HOW DID IN 19 to 19 t	o June 20	, 19 50, that .	I last saw the
2	A. BURIAL CREMA		1 2	M. D.		LOCK USE 4D. LOGATION (City	tewn, or sount	
Y D	ATE RECEIVED BY	1/25	S SIGNATUR	London Vo	22 THENKL DIRECT	Dollyno	ADDRE	
	VS 150	· · · ·	*************************************	26	687		93	3)



Registered No. 5523 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HYMAN SCHUCALTER June 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give West Baltimore General Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mon Garage Rear of 1822 Ruxton Ave. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | It Under 1 Year | It Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPL CE (State or foreign country) 12. CITIZEN OF work done during most of workinglife, even if retired) WHAT COUNTRY? tered 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary artery disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO S 218. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from Antopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) EMOVAL (Specify) urial RECEIVED BY ADDRESS DATE 5. FUNERAL DIRECTOR REGISTRAR

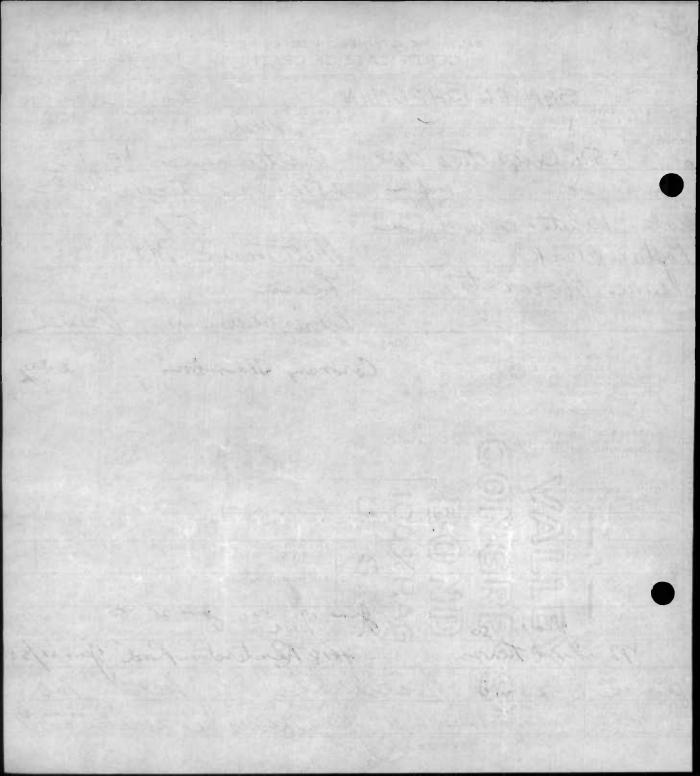
V S 151

THE REAL PROPERTY AND PERSONS ASSESSED. THE TOTAL OF THE SE

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	111	OO X
Registered	No	

655				
5524 BIRTH NO.	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	5524
1. NAME OF DECEASED (Type or Print)	L SHERMAI	A/	2. DATE OF	21-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	A STILL TOTAL	4. USUAL RESIDENCE (V	Where deceased) wed. If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	institution, give street address or location)		f outside corporate limits, v	
2516 Qua	the live	D. STREET ADDRESS (If	rural, give location)	-/3 township)
c. Oigth of stay in Baltimore	tife Mos. Days	2516 Que	autico (wes
Mule White 7.5	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der 1 Year H Under 24 Hours as Days Hours Min.
10A OSUAL OCCUPATION (Give kind of 10B vorklood during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BETHPLACE (State or fo	oreign countain 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME MOYOU	ita,	14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dutes of ser	16. SOCIAL SECURITY NO.	Belins Sher	new 6	aul.
18. 420. 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the	ng, e.g., (A)	rowy Then	rbrais	2 days
injury or complication which caused	death.) DUE TO			
DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	(B)			
	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
	MAJOR FINDINGS OF OPER			20. AUTOPSY?
	IB. PLACE OF INJURY (e. g., in the bome, farm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)
Zin Time (Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK		Y OCCUR?	
22. I hereby certify that I attended deceased alive on 21, 19	- //	rred at 1:20 km., from t	he causes and on the	that I last saw the date stated above
23A. SIGNATURE Took		4518 Rester	elou-Nord	239 DATE SIGNED
24A/BURIAL, CREMA-24B. DATE FLOWISCH CONTRACTOR CONTRAC	5 ROSECT	GRENATORY 24D. L	Jalks	Ma
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR JUN 22 1950	Nelliams, Ha	128. FUNERAL PURECTOR	Du 2100	outow &
VS 150	2669		0	74a



1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	NAME_OF_DECEASED 2. DATE					
Type or Print) William J. Freeburger					OF	June 20, 1950
B. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDE		ved. If institution: residence
FULL NAME			tion, give street address or		land	
NSTITUTION	030 0 01	113. 0	Iocation)	C. CITY OR TOWN	(If outside corporat	e limits, write RURAL and give township)
70	919 E. Bi	date 2			ltimore	10-01
ed gth of s	tay in Baltimore		Yrs. Mos. Days		SS (If rural, give locati Biddle St	ôn)
S. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye	ars If Under I Year If Under 24 Hours
Male	White	Wic	lower	Dec. 12, 1		y/ months Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fire	Fighter		City	Baltimo	re	U.S.
3. FATHER'S N	NAME			14. MOTHER'S MAI	DEN NAME	
	Liver A. Free			Madaline	Franz	
5. WAS DECEASE (es, no or nuknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		SECURITY NO.	Elizabeth	C. Beran, 260	4 Robb St
18. >	3/X,		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEA	TH of dying, e.	8. (A) Cere	load Hen	workere	Immediate
heart failu	re, asthenia, etc. It mea complication which	ns the diseas	se, h.) DUE TO	loal Hen		
	ANTECEDENT CAUS	ere.		The state of the		
	ANTECEDENT OAC) L 3	(B) Hey	rertensis	~	months.
	S OR CONDITIONS, I		NG HE DUE TO			
UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING	TO THE DEATH, BUT	NOT RELAT	£D .			
TO THE DISEASE OR CONDITION CAUSING IT			ATION		20. AUTOPSY?	
n	one.		none			YES NO
21A. ACCIDE	ENT, SUICIDE. (Specify)	21B. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DI	D (If in Baltimore	City, give exact location)
21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I hereb	y eertify that I att	ended the	deceased from Lee	ne 5 . 1950	to lune 20,	1950, that I last saw the
						l on the date stated above.
23A, SIGNA				3B. ADDRESS		23c. DATE SIGNED
Fr	aule 11.			2701 n. Ca		June 21,50
ON, REMOVAL (S	CREMA 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY		, town, or county) (State)
Burial	June 24		Cathedral		Baltimore	
DATE RECEIVE				25. FUNERAL DIRE	CTOR	ADDRESS
JUN ZZ	1330 milia/4	m //whi	asses, M.D.	Rita Wi	edefeld, 900]	E. Biddle St
VS 150		a the	the sales of says .	400		
			60098			83a
			/ 0			

the south think and the AXUELASA

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JUNE OF June 19, 1950 MITCHELL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give University Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 12 Mos. igth of stay in Baltimore 635 W. Mulberry Street Days 6. COLOR OR RACE 9. AGE Un years If Under i Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED Male Colored 10A USUAL OCCUPATION (Give kind of USINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF og most of working life, even if retired) DUSTRY 15. WAS DECEASED SOCIAL SECTRITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death my opinion resulted from: natural causes X, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6-19-50 INVESTIGATOR CREMATORY L24D. LOCATION (City, town, or county) V S 151

50 5527

61

BIRTH NO.	HIFICATE	OF DEATH	- Register	ed No.
Type or Print) CROMPTON.	Rosi	5 A.	2. DATE OF DEATH	6/21/50
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE A. STATE Maryland	NCE (Where deceased live	
IN FULL NAME OF (If not in hospital or institution, give shospital OR NSTITUTION WIN V Balte Jou His	location)	c. CITY OR TOWN Baltimor	(If outside corporate	limits, write RURAL and give
e	Yrs. Mos. Days	d. STREET ADDRE	ss (If rural, give location	
6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO	ORCED (Specify)	6/18/1892	9. AGE (In year last birthday)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of use during most of working life, even if retired) Housewife Home	INDUSTRY	Baltimore	ate or foreign country)	USA
John Schwartz		14. MOTHER'S MAI		
5 WAS DECEASED EVED IN II S ADMED FORCES 1 16 CO.	CIAL CURITY NO.	17. INFORMANT	Renner 300	N. Monroe St.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A) U'UUMU E TO CHTY B)		erdial befact	apper poday
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	210	betes m	ellitus	4ys.
19A. DATE OF OPERATION V 19B. MAJOR FINDIN				YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF I about home, farm, factory	NJURY (c. g., in r,street, office bldg., et	or 21c. WHERE DI	D (If in Baltimore Ci	ty, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY m. WHILE AT WORK	NOT WHILE	21F. HOW DID	INJURY OCCUR?	Cons
22. I hereby certify that I attended the decease deceased alive on 1950, and tha 23A. SIGNATURE	t death occur			9, that I last saw the on the date stated above.
ION, REMOVAL (Specify)	imore Na	ational	Baltimore, A	own, or county) (State)
PATE RECEIVED BY REGISTRAR'S SIGNATURE	MA	25. FUNERAL DIRE	sbury 2700 Ed	address dmondson Av.
VS 150	April 11	5 2 2 2		/1

THE RESERVE OF THE PARTY OF THE

50 5528 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) JAMES PILARSKI James Michael Pilarski June 20. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 2822 Elliott Street gth of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male white Single Sept 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Balto Copper Works work done during most of working life, even if retired) WHAT COUNTRY? Baltimore. Md Labor U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Gulczynski Michael Pilarski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY Frances League 2939 Fait Ave 212-10-1171 World War Yes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION YES X EDICAL 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an . autopsy thereon and from

Autopsy, Inspection or Inquiry the eviden potained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. 23c. DATE SIGNED

and death in my opinion resulted from: natural causes in accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE June 24. Holy Cross Cemetery German Hill Road 1950

Burial DATE RECEIVED BY OCAL REGISTRAR

Md.

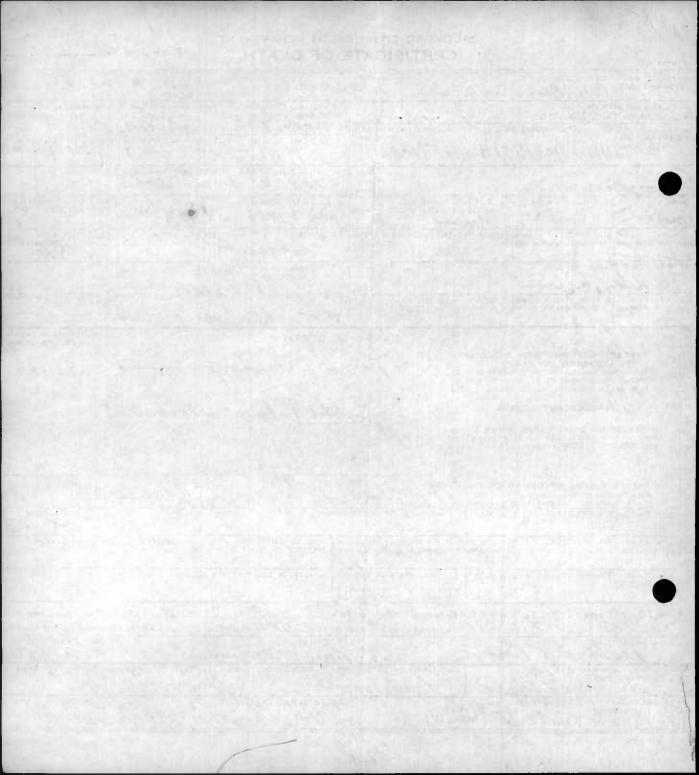
V S 151

In a world be to the training of the state o

43	5	
BIRTH NO	52	9
1. NAME	OF	DE

istered No 5529

SIRTH'NO. CERTIFICAT	E OF DEATH
NAME OF DECEASED Type or Print) CHARLES HAROLD FIE	= LAING 2. DATE 0 - 21.50 DEATH
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND BALTIMORE
NSTITUTION UNION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE 4-0 township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 709 W. North ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under I Year Months Days Hours Min.
OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY THE CAT OF THE CONTRACTOR ON TRACTOR SELE	11. PRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mhnnin	Minnon
(If you, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS WIFE - MRS. CHAS. FIELDING
18. 491X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	eral Bronch preumonia 48 her.
ANTECEDENT CAUSES	4. 91 7 4
(B) Super	talie Palmonary Tongestia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	enlew hypothopy. Obesity
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i	in or 21c. WHERE DID (If in Baltimore City, give exact location) .
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME NOT WHILE	
22. I hereby certify that I attended the deceased from	ne 2/ , 1950, to fine 21 , 1950, that I last saw the
deceased alive on 6-2/, 1950, and that death occur	rred at L:25 m., from the causes and on the date stated above.
23A. SIGNATURE R. Beach M.D.	Miss Wilmours 23c. DATE SIGNED
	ERY OR CREMATORY 246. LOCATION (City pown, or couply) //(State)
unal (24/50) (achier	() forthe Wo Will,
OCAL REGISTRAR REGISTRAR'S SIGNATURE	25 ENNERAL DIFFERIOR JULY NOW STANDERS
vs 150	95c



I-524 50 5530 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No .__ 1. NAME OF DECEASED 2. DATE (Type or Print) Walter R. Langlev DEATH 6-21-50 Jr. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland c. CITY OR TOWN HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 1311 N. Eden St. township) Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. gth of stay in Baltimore 1311 N. Eden St. Days 6. COLOR OR RACE 5. SEX 9. AGE (in years | | Under | Year | | Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Nov. 4.1895 55 11. BIRTHPLACE (State or foreign country) Colored 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12 CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? orler None U. S. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter R. Langley Carrie B. Keelv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Myrtle Langley 1012 N. Eden St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c, WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Cem.

25. FUNERAL DIRECTOR

210. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE

REGISTRAR'S SIGNATURE

6-23-50

deceased alive on 1950, 1950, and that death occurred at 1250 A.m., from 23A. SIGNATURE June 21 , 1950, that I last saw the A.m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

A. A. Co., Md.

Burial DATE RECEIVED BY LOCAL REGISTRAR

Thutte of ton Williams Mile

Mt. Calvery

(Mrs) Frances A. Hemsley

ABBER INT 3K GOL THE SALD OF THE SA DELLE STATE OF BELLEVILLE STATE OF THE STATE AND A SECOND TO

50 5531

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) MARY ELLA BALDWIN OF June 21, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4315 Springdale Ave. INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) 4315 Springdale Ave. Yrs. Mos. eth of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | M Under | Year last birthday) | Months: Days 9. AGE (In years) WIDOWED, DIVORCED (Specify) Hours: Min. female white widowed April 8, 1861 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
housewife WHAT COUNTRY? INDUSTRY at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. White Nellie Deale 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Nelson W. Baldwin 911 St. Paul St. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NJURY

WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from_

6-20 6 -2(195 hat I last saw the 19 50 to 1950 and that death occurred at deceased alive on 2 Am., from the causes and on the date stated above. 23A SIGNATUR

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Burial

6/24/50

24b. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

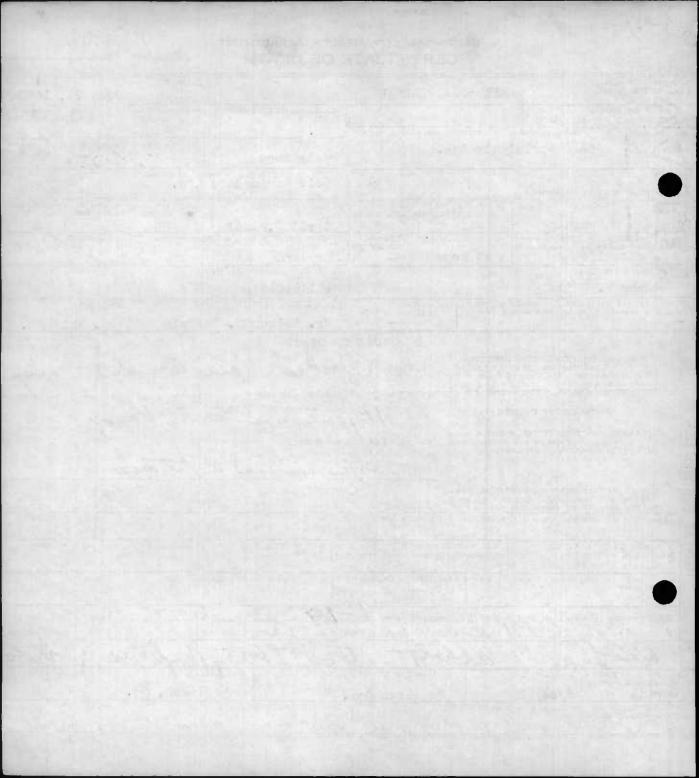
Woodlawn Cem.

25 FUNERAL DIRECTOR

INJURY OCCUR?

ADDRES5

VS 150



33	0
0	5532
BIRTH	NO.

1. NAME OF DECEASED (Type or Print)

JOSEPH M.

STODA

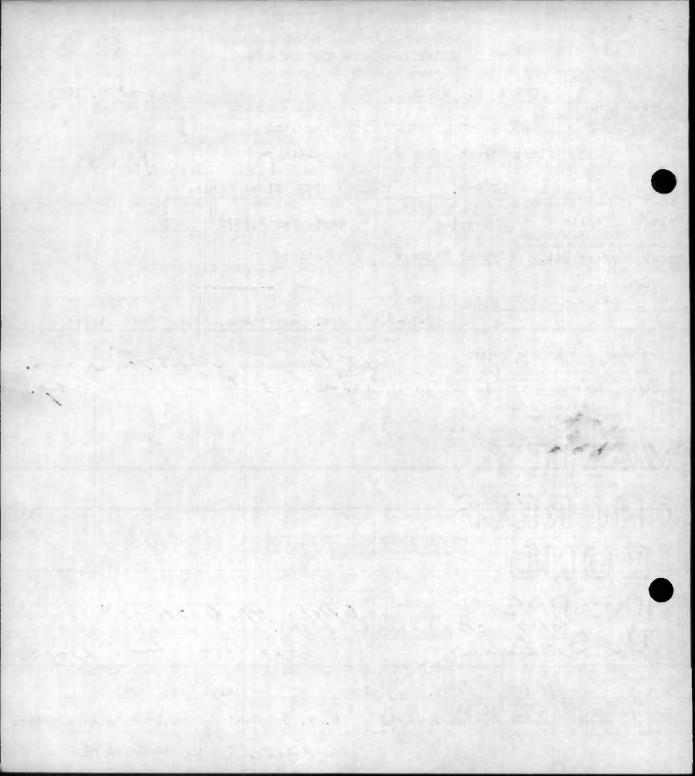
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5532

DEATH June 20, 1950

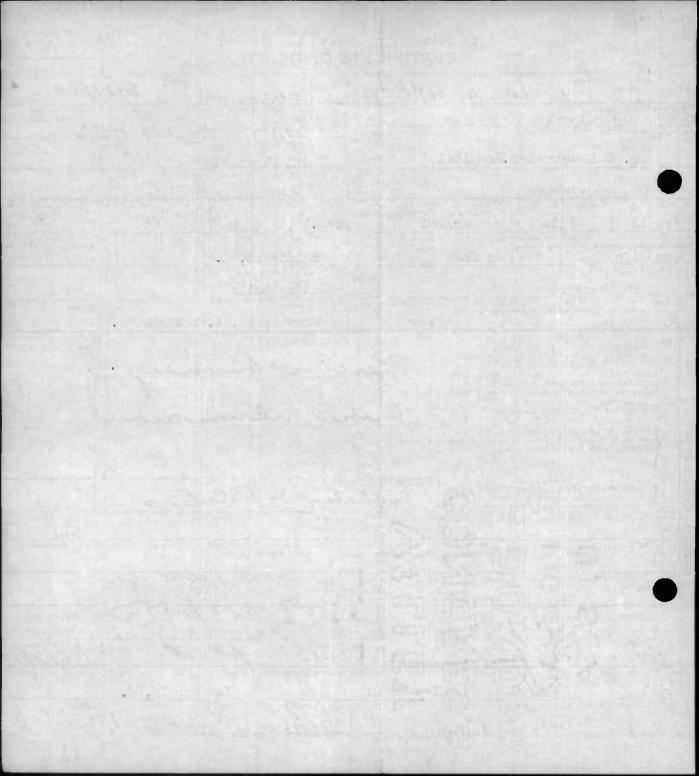
2. DATE

3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2232 Fleet Street Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Mos. Fleet Street gth of stay in Baltimore 67 yrs. Dave 5. SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (in years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH September 4,1878 Male White Married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Oyster Shucker Ret. Ovster Packers Poland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Stoda Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No 2-10-8057 Mrs. Mary Stoda, 2232 Fleet Street INTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST, (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK . 195 that I last saw the 22. I hereby certify that, I attended the deceased from. Rm. from the causes and on the date stated above. deceased alive on O . 19 50 and that death occurred at 236. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 6/4450 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, KWA, XA COUNTY) St. Stanislaus Burial 6/24/50 Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS . Sadowski & Sons, 1808 Eastern Avenue VS 150

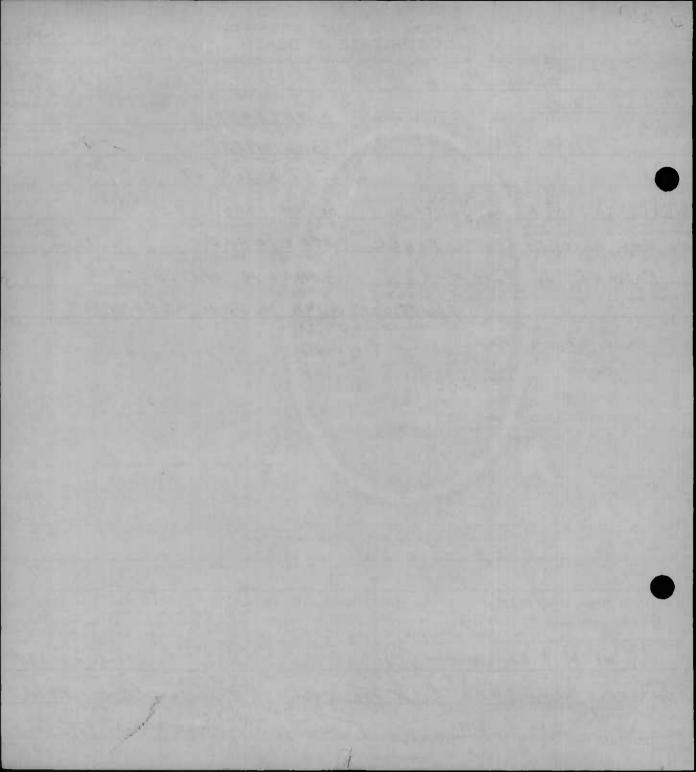


50 5533

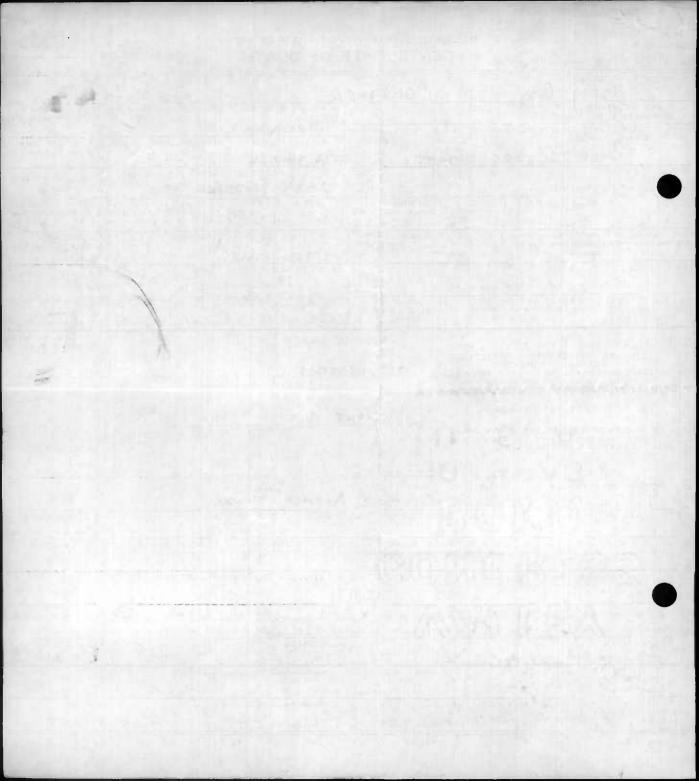
BIRTH NO.			CERTIFICATI	E OF DEAT	H R	egistered N	No	
1. NAME OF C (Type or Print)	OLIVII	A A.	HYSON	Alice Olivia	Hvson) DEA	6/	21/50	0
A. Baltimore	City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission						
B. FULL NAME		Maryland Anne Arundel						
INSTITUTION	Daltimana Car	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
50.	Baltimore Ger	Point Pleasant D. STREET ADDRESS (If rural, give location)						
c. ngth of s	stay in Baltimore	None						
5. SEX	6. COLOR OR RACE	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year M Under 24 Hours						
Female	White		ED, DIVORCED (Specify)	Feb. 15, 1884 last birthday) Months Days Hours Min.				
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
Housewife	or war along the, even in recired)	Baltimore, Md. WHAT COUNTRY						
13. FATHER'S	VAME	14. MOTHER'S MAIDEN NAME						
	Everhart	Alice Wells						
15. WAS DECEAS Yes, no or unknown)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. nn or unknnwn) (If yes, give war nr dates nf service) SECURITY NO.					Al	DDRESS	
No			None	Harry Hys	on, Pt. Pleas	ant, Md.		
18. 3 3	1 X .		CAUSE	OF DEATH				AL BETWEEN
DISEASE RISE TO TUNDERL' OTHER STRIBUTION	LEADING TO DEA s not mean the mode of the asthenia, etc. It mest complication which of the complication which of the complication which of the complication of the com	of dying, e. g ns the disease reased death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	GE DUE TO	ebrel le cal cub	norel Lleite		,	
	F OPERATION 1	ATION			20. A	UTOPSY7		
Š.							YES	No L
HOMICIDE	(Specify) (Month) (Day) (Year)	(Hour) 2	CE OF INJURY (e.g., in arm, factory, street, affice bldg., c	tc.) INJURY OCCU	ID (If in Balti	more City, g	vive exact lo	eation)
22. I hereb	y certify that I att	anded the	deceased from 5	115 6190	to 6/2,	1957	Dthat I la	ist saw the
deceased a	live on 6/21/		and that death occur	red at 9 m.	from the cause			
23A, SIGNA	TURE	-		3B. ADDRESS	det St	•		TE SIGNED
24A. BURIAL,	CREMA- 248. DATE	37	M. D.	RY OR CREMATORY	24D LOCATION	(City, town.	or Jounty	(State)
non, REMOVAL (S Burial	(pecify) 6/24/50		Glen Haven		Glen Burn			(2000)
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR'	S SIGNATU		25 FUNDARL DIR	rol ne	1211:	ADDRESS SI Can	il F
VS 150	· · · · · · ·	11 12 50	to the morning the				61	



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10 WG DEATH V 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: re A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Vrs. (If rural, give location) Mos. gth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Monday | Yan | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) DIVORCED 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARYLAND. MUTUAL SELLER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. 16-05-0013 M. NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, fuctory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR CREMA-24C. NAME OF CEMETER 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY ERAL DIRECTOR ADDRESS LOCAL REGISTRAR



50 5535 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE MORHISER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF PARYLAND (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore YREDERICK Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Hader 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY USA_ MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 2434 Orely NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH TELECTASIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFIC (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA YES X NO 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE [WHILE AT WORK AT WORK 150, to. 1950, that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 9 6 m., from the causes and on the date stated above. deceased alive on 6 21 1950 23 ASIGNATURE 24A. BURIAL, CHEMA TION, REMOVAL (Specify) 2AC. NAME OF CEMETERY OR CREMATORY 240, LOCATION (Chy, town, or county) 6-73-50 Bureak DATE RECEIVED BY REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR hutter / Miller VS 150



50 - 5536BALTIMORE CITY HEALTH DEPARTMENT 5536 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where decreased lived. If institution: residence A. Baltimore City, Maryland before adhission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yes D. STREET ADDRES (If rural, give location Mos. Days

gth of stay in Baltimore 5. SEX 6. COLOR OR RACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service)

13. FATHER'S NAME

(Yes, no or unknown)

18.

EDICAL

SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of

10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY

11. BIRTHPLACE (State or foreign country)

16. SECURITY NO.

CAUSE OF DEATH

1/YPERTENSION

DENILITY

MYOCARDIAL DEGENERATION DUE TO

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,

(Specify)

HOMICIDE

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from 1936, 19, to Jov. 21, 1950, that I last saw the deceased alive on Jov. 18, 1950, and that death occurred at 1220 pm., from the eauses and on the date stated above. 23B ADDRESS 23A. SIGNATURE

NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-

DATE RECEIVED B REGISTRAR'S SIGNATURE MALLIA, MIN 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

Gast Read Viet.

(If in Baltimore City, give exact location)

24D. LOGATION (City, town, or coviny)

26. FUNERAL DIRECTOR ADDRESS

. 19 0, that I last saw the

township)

ff Under 24 Hours

Hours Min

WHAT COUNTRY

NTERVAL BETWEEN

DNSET AND DEATH

JWEERS

10 YEARS

20. AUTOPS

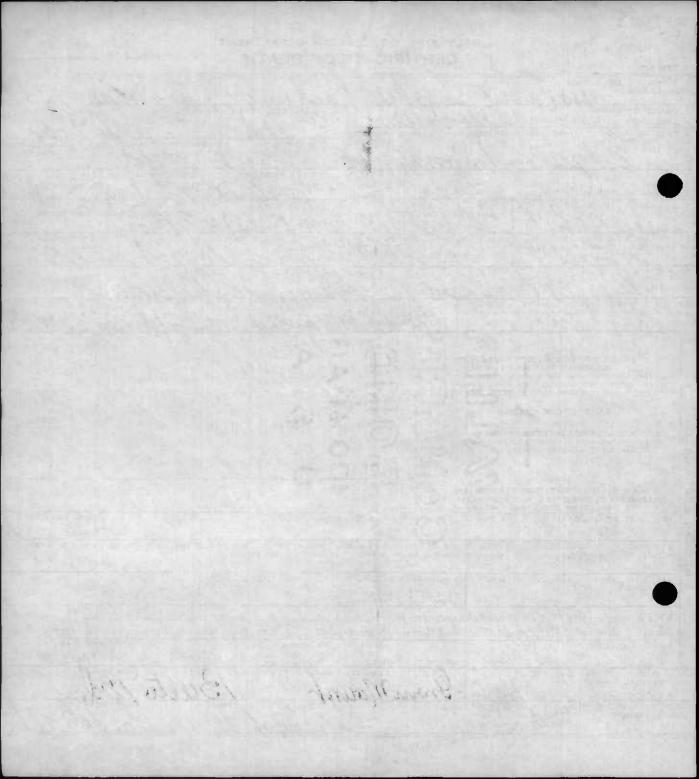
23c. DATE SIGNED

ti Under 1 Year

12. CITIZEN OF

AGE (In years | fi Under 1 Year last birthday) | Months | Days

VS 150



50 5537 BALTIMORE CITY HEALTH DEPARTMENT 5537 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DAVID VTA DEATH June 22. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Virginia HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Franklin Square Hospital Charlottesville Yrs. O. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED

township) 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white male Feb. 8. 1898 married IOA. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Construction Co. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allan W. Via Martha Birckhead 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. F.J. Haines - Charlottesville INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary embolism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUE TO thrombophlebitis of veins of leg, right injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICA

before admission)

20. AUTOPSY

YES X EDICAL 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I certify that I took charge of the remains described above, held an autopsv thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

198. MAJOR FINDINGS OF OPERATION

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

DUSTAI

and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR June 22. M.D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY

V S 151

1. NAME OF DECEASED

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5538

Registered No.

2. DATE

HARRIETT E. WHITMORE	DEATH Jne 21,1950
Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
519 W. 28th Street	Baltimore /2-07 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
e. Ligth of stay in Baltimore Days	519 W. 28th St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours
Female White Married (Specify)	Oct.1,1878 last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife At. Home	Howard County, Md.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Timmons	Unknown
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (16, no or nnknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT . ADDRESS
No SECORITY NO.	George W. Lange, Parkville, Md.
	OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and do a considering the
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ence acquire system
injury or complication which caused death.) DUE TO	1 223
ANTECEDENT CAUSES	in a series
(8) Ca	indeae ment much 334
DISEASES OR CONDITIONS, IF ANY, GIVING	00 08,33
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	:34 3
(Har	Jarota and
11	harmen seal
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	YES NO L
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?
215 TIME (Month) (Day) (Year) (Hour) 21g, INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
JURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from Ma	4.13 , 1950, tig mel 7 1 , 1850, that I last saw the
deceased alive of the 20 , 1950, and that death occur	red al. 15 m., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
Secretary The months of M. D.	Z 43 5 Mary Cond ODE
24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETER	RY OR CREMATORY 246 LOCATION (City, town, or county) (State)
	miol Pomis Dolltimans Commiss Wil
DATE RECEIVED BY REGISTRAT'S SIGNATURE	rial Park Baltimore County Md.
OCAL REGISTRAR	Will the state of
JUN 23 19001	MMan John, 1217 of Vaul &
VS 150	
	43)

produce to the second second Control of the Contro established the second of the

BALTIMORE CITY HEALTH DEPARTMENT

5539

50 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED

(Type or Print)	Mary	, Elle	n Duvall.		OF June	17. 19	50
3. PLACE OF D				4. USUAL RESIDENCE (V	Where deceased lived	. If institution	: residence
B. FULL NAME	Oity, Maryland OF (If not in hos	pital or institu	tion, give street address or	A. STATE	B. COUNTY		ore admission)
HOSPITAL OR	Baltimore C	ity Hosp	itals location)		outside corporate li	mits, write RII	RAL and give
31	4940 Easte	rn. Ave		Baltimore	16	1-02	township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)		
gth of s	tay in Baltimore		ears Mos.	1524 Eutaw Pla	ce Z 17		
Female	%hite	WIDOW	E. MARRIED. VED. DIVORCED (Specify) 10.0wed	March 16,1901	9. AGE (in years last birthday)	H Under 1 Year Months Days	fi Under 24 Hours Hours Min.
OA. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	
men	60	ach	me	Kentucky		WHAT	r COUNTRY?
3. FATHER'S N	MAME			14. MOTHER'S MAIDEN NA	AME	-	
		ert,Pett	er (D)	Alice, Cleason	(D)		
5. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			SECORITY NO.	Records B.C.H.	4940 Easte:	rn Ave.	
(This does heart failur injury or DISEASES RISE TO THUNDERLY	DE OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAL GOR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION I I I IGNIFICANT CONI TO THE DEATH, BU SEASE OR CONDITION	ATH of dying, e. 1 cans the diseas caused death JSES IF ANY, GIVIN) STATING THAST. DITIONS CONTONER TO NOT RELATE	(B)	ic Carcinomatosis.			
	F OPERATION		FINDINGS OF OPER	ATION		20. A	UTOPSY?
						YES	No X
LYING OR	ENT WAS UNDER- CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., ix arm,factory,street,office bldg.,e	1 or 21c, WHERE DID (II tc.) INJURY OCCUR?	f in Baltimore City	, give exact l	ocation)
21D. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?		-
		m.	WHILE AT NOT WHILE				
22. I hereby	v certify that I a	ttended the	deceased from May	30. 19550, Jun	ie 17,, 19.	50+hat 11	mad amou dh -
deceased ali	ive on June	17 19 50	and that death occur	red at 8:55 AM from th	e causes and on	the date of	ist saw the
23A. SIGNAT	URE (//	2	3B. ADDRESS		23c. DA	TE SIGNED
	15:	(63	M. D.	4940 Eastern Ave	•		22, 50
DA: BURIAL, CON, REMOVAL SI	pecify) 6/26/	50 1	Minghon	National 13	Meyer	vn or county)	(State)
JUNE 2 3	1954 REGISTRAL	ator No	liane, Ma	25. FUNE AL DIRECTOR	1/219	S O	and B
VS 150	11440.	1130	a regard describer				

建位于 9年1 iom Si Sala and Add and . orthograph and the barriers and

er gelill BALTIMORE CITY HEALTH DEPARTMENT 5540 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liked. If institution : residence A. Baltimore City, Maryland B. COUN A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN , (If outside corporate limits, write RURAL and give INSTITUTION OHNS HOPKINS HOSPITAL lawn hams Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. marrie 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Coal Coal Miner . ,Shinnston 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Burnett Hattie Orr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. JOHNS HOPKINS HOSPITEL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK AT WORK deceased alive on fine 2395 Dand that death occurred at 4 m., from the causes and on the data saw the . . ardell BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 240, LOCATION (City, town, or county) REMOVAL (Specify) SHINNSTON murcas SHINNSTON W. Va. ASONIC TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR wenter often / Villands, Mis EALTO 17. MM. 47C VS 150 45412

the transmit Water Later F-10-97 551 TO THE SHAPE THE THE THE STATE OF No and the second

1-0		
BIF	5541 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	5541
	NAME OF DECEASED DE Mr. Samue) 2. DATE OF DEATH JUN	e 231950
A.]	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	stitution : residence before admission)
HO	SPITAL OR SPITAL OR TOWN (If outside corporate limits, hurch lower those	write RURAL and give township)
3 c.	higth of stay in Baltimore life Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days Days	1
5. 5		dei I Year If Under 24 Hours hs Days Hours Min.
10A work	desputing most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 1	2. CITIZEN OF WHAT COUNTRY?
	Frie James Henry Smith Evaly m	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? DO OF ONLOWED) 16. SOCIAL SECURITY NO. Provost Mrs. Elstabeth	Paradise
	18. 446 X . CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M -
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	many
	injury or complication which caused death.) DUE TO	rears
Z	ANTECEDENT CAUSES (B) Heneralized Arterioscles	0313
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Many
ICA	CHEELING CONDITION EAST.	Years
TIF	OTHER SIGNIFICANT CONDITIONS CON-	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MEDICAL	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give	e exact location)
ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
Σ -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WARK	
	22. I hereby certify that I attended the deceased from June 1950, to June 23, 1950,	that I last saw the
-	deceased alive on 1 23, 1950, and that death occurred at 1.10 A.m., from the causes and on the	date stated above.
	Monald N. Seston M.D. Church Home Hoss	June 23/250
24/ TIQI	A BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, o	(Style)
_/:	Dechia 6/23/50 Apentia Bette tout Ilvery Herry	rd Co. Wed.
		DDRESS
_!!	CAL REGISTRAR	Day Selv
	JN 23 1950 Lintington I Minimus, Mr. Hervir Tarring & Sous, about	leen rus

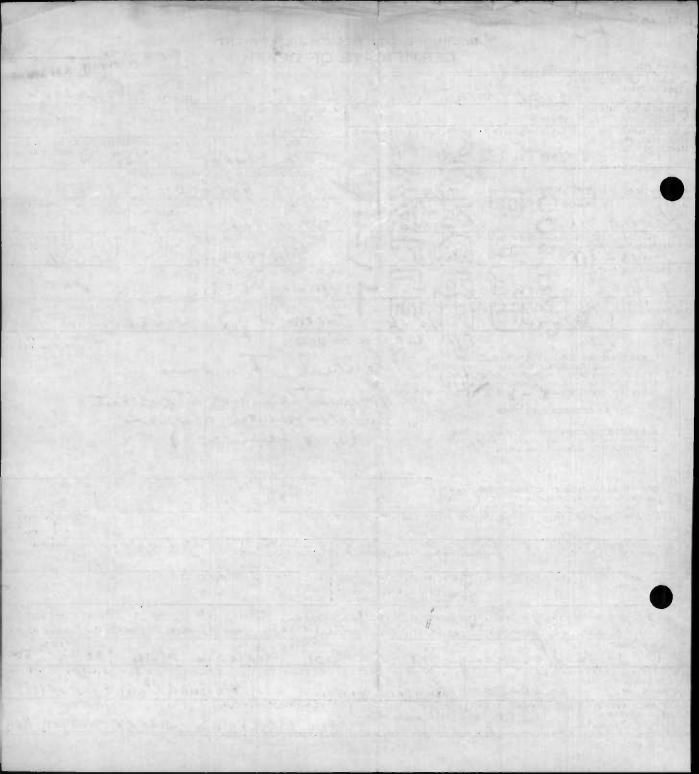
SECOND RESERVED AGE! AGE! San Canal Travels A Walnut or should be proposed from the first the second by the forest Wall of Street Street Street Street

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5542

E 1	D.7	TH.	D. I.	_

В	IRTH NO.							
	NAME OF DEC		H GER	tryde (oLLins	2. DATE OF DEATH	June 20,19	150
	. PLACE OF DEA . Baltimore Cit;	TH:				ENCE (Where deceased B. COU		esidence admission)
В.	FULL NAME OF		pital or instituti	ion, give street address o				
11	OSPITAL OR	1 11.2+	100	location	c. CITY OR TOWN		ate limits, write RURA	AL and give township)
×	1) ~	6 Nort	h CARE		BALT	IMORE	10-05	township)
4	noth of star	y in Baltimore		Yrs. Mos.	D. STREET ADDR	HRE JERIC	110 -	
5		COLOR OR RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRT			Under 24 Hours
	FEMALO	white	WIDOW	EO, DIVORCED (Specify	SEPT. 4. 18	82 last birth	day) Months Days H	ours Min.
10	A. USUAL OCCU	PATION (Giveking	of 108. KINO	OF BUSINESS OR	11. BIRTHPLACE	State or foreign country		
	HOUSEL	NIFE		OME	MAR	VLAND	U.S.	OUNTRY
13	3. FATHER'S NAM	ME			14. MOTHER'S M	IDEN NAME		
	TobIAS		ndoL	LAK	Anna N	MARTIN		
15 Ye	5. WAS DECEASED	EVER IN U.S. ARM (If yee, give war or d	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	NONE		NONE	Lottie M.	Vox 264	& LEHMAN !	ST
	18. 44:	3 X .		CAUSE	OF DEATH	/	INTERVA	
	DISEASE	OR CONDITIO	N DIRECTLY	0		0	ONSEL	AND DEATH
	(This does no	EADING TO DI	e of dying, e. g		erral is	rombni-		
	heart failure,	asthenia, etc. It n implication which	neans the diseas	e.	-			
	AN	NTECEDENT CA	HEFE	vyy	perlennis	and orlered	school	
Z	0"	TECEDENT CA	USES	(B) Car	dis - veren	ear deseas	_	
2	DISEASES O	R CONDITIONS	, IF ANY, GIVIN	IG HE DUE TO	Lost hen	interior)		***************
Y	UNDERLYIN	G CONDITION	LAST.		J'	pogue		
-				(C)				
-	OTHER SIG	II NIFICANT CON	IDITIONS COM	(C)				
Ĭ	TRIBUTING T	O THE DEATH, BE	JT NOT RELATE	D			11 500	
,	19A. OATE OF			FINDINGS OF OPE	RATION		20. AU	TOPSY?
Ä		0					YES	No 🗌
3	21A. ACCIDENT HOMICIDE	Specify)	21B. PLA	CE OF INJURY (e. g., arm, factory, street, office bldg.	in or 21c. WHERE I		e City, give exact loc	ation)
T L	1101110122	, as poeting ,	usout Bollie, i	arm, income y, see coe, amore proge	THE ORT OCCU	, KI		
-	21D. TIME (Mo	onth) (Day) (Yes	ar) (Hour)	1E. INJURY OCCUR	ED 21F. HOW DIE	INJURY OCCUR?	6 4 5 F F F F F F F F F F F F F F F F F F	
	NJURT		m.	WORK NOT WHILE				
	22. I herehu e	portifu that I		deccased from 1		2, to 20 June	19 So that I las	t oan the
	deceased alive	on 19 Su	~ 19 50	and that death occu	red at 1:00 Pm	, from the cluses ar	ed on the date stat	ed ahove
	234 SIGNATUR	RE , D	3, 202	O I	23B ADORESS	s, , r one coe cauces as	23c. DATE	SIGNED
	Cmil	4. Her	ining	- М. В.	601 W	mana Wa	4 21 In	ne 50
2	4A. BURIAL, CRE	MA- 24B, DATE	Q'	4C. MAME OF CEMETI	RY OR CREMATORY	24D. LOCATION (Cit	y, lown, or coupy)	(State)
	BURIAL		1-50	Mountain V	EW	HOWARD	ounty /	Md.
D	ATE RECEIVED E	ma	R'S SIGNATU		25. FUNERAL OIF		ADDRESS	
-	JUN 23 19	SU Thu	itivator	TYPULACULA / NUA	GEO. E. Se	charb 210	1 FREdERIC	KAJE

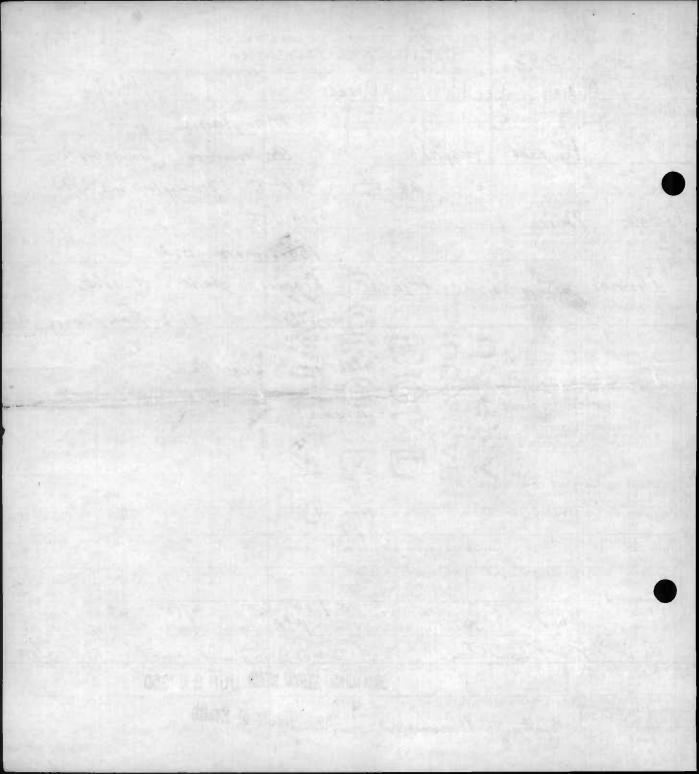


JU JU40	BAL	CERTIFICAT	E OF DEATH	Reg	istered No	0043
BIRTH NO. 50-10 23	3	CERTIFICAT	L OI DEATH			
1. NAME OF DECEASED (Type or Print) Audrey	Cecili	a Ac	1215	2. DATE OF DEATH	6/17/	ō
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE	CE (Where decease	ed lived. If institu	ution : residence before admission
HOSPITAL OR	ospital or instituti	on, give street address o location			Balta	te RURAL and giv
39 Hourd	ENT HOS	spital	Bart	mon (Towsa	township
ngth of stay in Baltimo	100	Yrs. Mos.	o. STREET ADDRESS	0	, .	AUE.
5. SEX 6. COLOR OR R.	ACE 7. SINGLE	Days , MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (II	n ventre Hillinger 1	Veur H Heder 24 Pour
Female negri			3/19/50		- 10	Days Hours Min.
OA. USUAL OCCUPATION (Give) ork done during most of working life, even if re	tired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		V	CITIZEN OF WHAT COUNTRA
1 homes Ka	um and	Ayers	14. MOTHER'S MAIDE	Sanu	Morris	· V
15. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
		0200M11 NO.	mother	311 8	· Tennsyle	mark Au
DISEASE OR CONDITION (This does not mean the magnetic failure, asthenia, etc. I injury or complication who antecedent (DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONTRIBUTING TO THE OEATH, TO THE DISEASE OR CONDITION THE DI	ode of dying, e. g t means the disease ich caused death. CAUSES NS, IF ANY, GIVIN (A) STATING TH N LAST. DNDITIONS CON BUT NOT RELATE ITION CAUSING IT	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Prematurity	arrhea		
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION	A TELL		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLA about home, fa	CE OF INJURY (e. g., rm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimo	ore City, give es	eact location)
21D. TIME (Month) (Day) (1) NJURY 22. I hereby certify that i deceased alive on 23A. SIGNATURE	m. w	and that death occu	5/19, 1950		and on the da	at I last saw the testated above
24A. BURIAL. CREMA- 24B. DA ION, REMOVAL (Specify)	TE 2	M. D. 4C, NAME OF CEMETE JOHN H	OPKINS MEDICAL SCHOOL	JUN 2 0 19	Jity, town, or ear	ofty) (State)
PATE RECEIVED BY REGISTR	RAR'S SIGNATU	Misses Mile -	25. FUNERAL DIRECT	Health	ADD	RESS

-utoropylandanian

VS -150

119a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	JU	0
Registered	No.	

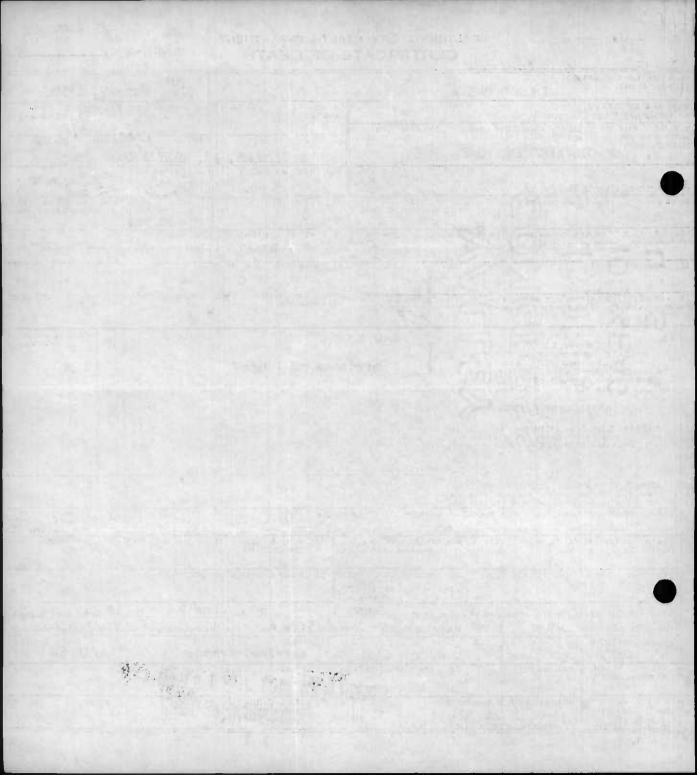
В	IRTH NO.			CERTIFICAT	L OI DEAT				AM PRINT
1. (T	NAME OF D ype or Print)	ECEASED Lula /	9. Bo	(LOUISE SI	EGMAN BOWE	RS)	2. DATE OF DEATH JG	ne 22	1950
	Baltimore (EATH: City, Maryland			4. USUAL RESIDE	ENCE (W	here deceased lived. B. COUNTY	If institution:	residence re admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location			outside corporate lin	nits, write RU	RAL and give
W	4 Uni	in Memori	21 He	spital	Baltin		7	1-03	township
c	Ogth of s	tay in Baltimore	104	Yrs.	3006 S	ess (If r			
5.	SEX	6. COLOR OR RACE	7. SINGLE	Da ys E. MARRIED.	8. DATE OF BIRTH		9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify)	July 24, 18	85	last birthday) A	donths Days	Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S		reign country)	12. CITIZI	EN OF COUNTRY
• • •	House	vife			Maryla	and			5.4.
13	B. FATHER'S N				14. MOTHER'S MA	IDEN NA	ME		
1.5	WAS DECEASE	TELE SIEGI ED EVER IN U. S. ARMEI	man FORCESI	16. SOCIAL		cron	harde		
(Ye	e, no or ookoowo)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	1 8	LOOG South	ADDRESS.	
	18. F	1/1/		212-05-9486	-	enn (A	, Howers	INTERV	AL BETWEEN
	N	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH	190	1- 0	ONSET	AND DEATH
		LEADING TO DEA	TH	. Sul	die luca	Luc	freaby	can	
4	heart failu	re, asthenia, etc. It mes complication which	ins the diseas	e,	1(1)			1	
		ANTECEDENT CAUS		luit	steral				
Z				(8) Pel	inale		•		**********
TIC	RISE TO T	S OR CONDITIONS, I	STATING TH	HE DUE TO	Line	si	Sund	Hen	4 1 hd .
ICA	UNDERL	YING CONDITION L	AST.	1 ser y	1./	1	7	/	way
TIF		11		coon a	- Leso	len	lun		
ER	OTHER S	IGNIFICANT COND	TIONS CON	N- //		-	04		
O		F OPERATION	9B. MAJOR		RATION	ay	N,	1 20. A	UTOPSY?
CAL		1 25,1950		o- sigmoide	4			YES] NO
EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B, PLA	CE OF INJURY (e. g.,	in or 21C. WHERE D		in Baltimore City,	give exact l	ocation)
ME									
2	21D. TIME ((Month) (Day) (Year)		21E. INJURY OCCURR		INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK					
	22. I hereb	y certify that I att	ended the	deceased from Ap	-1/23 1950		ine 22, 19.		
	deceased al	live on June 22	, 1950,	and that death occu	rred at m.,	, from th	e causes and on		ated above
,	Valeral	ul rett	wies	1	SB. ADDRESS		Q Hors.	(- X	S-SG
24	4A. BURIAL, CON MEMOVAL, (S	CREMA- 24B. DATE	1	C. NAME OF CEMETE	RY OR CREMATORY	24D. LO	CATION (CIT, tow	n, or county)	(State)
-11	Dura	2 June.	24507	Boll	more	6	Baltimar	2	md
	ATE RECEIVE	RAR LAW AL	SSIGNATU	RE	25, FUNERAL DIR	ECTOR	land Que	ADDRESS	5
Ш	N 23 195	" Thurster	1900 /1100	MANUE, ALUB	No counge	53	eltimore	mol)	,
		- 40					V	6	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5545

Registered No.

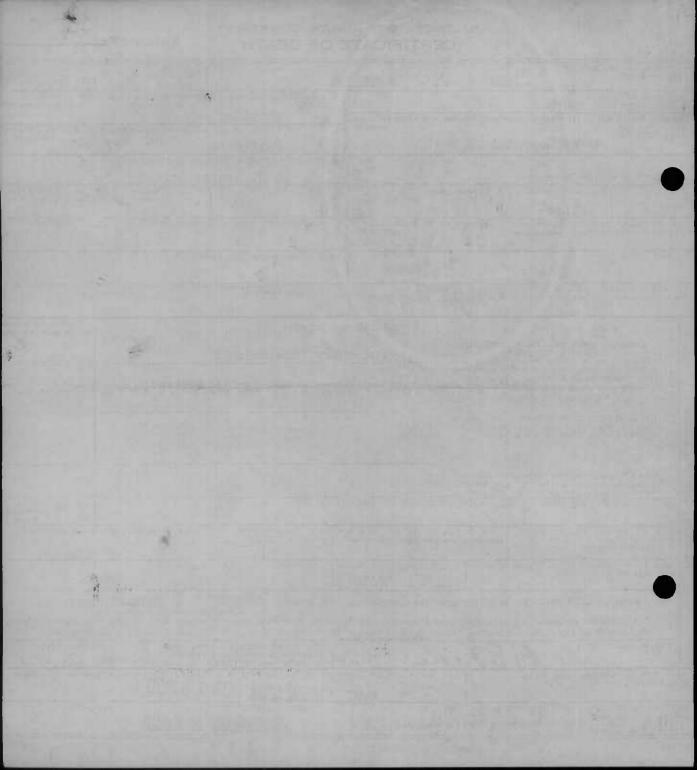
_									
	NAME OF D		AS BUELJ	L		2. DATE OF DEATH	June 9	9, 1950	
A.		City, Maryland			4. USUAL RESIDENCE			stitution : residence defore admissi	on
	FULL NAME	OF Uf not in hospit	AUL ST	on, give street address or location)	- 01-1/ 05 -01/11	76	T	0 9	
		L CONVALESCE	NT HOME		BALTIMORE,			write RURAL and g townsh	
		HID HITTER		Yrs.	D. STREET ADDRESS (
C	hgth of s	tay in Baltimore		Mos. Days	2305 St. Pa	ul St. 3	24-1	E 20 % 9	1
5.	SEX M	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln s last birth	day) Montl	der 1 Year hs: Days Hours M	in.
		CUPATION (Give kind of	10B. NIND	OF BUSINESS OR	11. BIRTHELACE (State or			2. CITIZEN OF	
MOL	k dooe during most o	of working life, even If retired)	K	INDUSTRY	K		125.1	WHAT COUNTE	?Y
13	. FATHER'S	NAME		N	14. MOTHER'S MAIDEN	NAME			_
11				0	0	AVIAE			
1.5	WAS DECEASE	ED EVED IN II A LOVE		V					
(Ye	s, no or uokoowo)	ED EVER JN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECUNITY NO.	17. INFORMANT	N	ADD	RESS	
	18. //	2 1		CAUSE	OF DEATH			INTERVAL BETWE	EEN
	16	P OB COMPITION	DIDECTIV	CAUSE	OI DEATH			ONSET AND DE	ATH
		LEADING TO DEA	TH	Carci	inoma of lungs			l yr	
	(This does heart failu	not mean the mode oure, asthenia, etc. It mes	of dying, e. g ans the diseas	(0)	211011111111111111111111111111111111111	***************************************	••••••		
	injury or	complication which	caused death	.) DUE TO					
		ANTECEDENT CAUS	SES						
N	DISEASE	C OR COMPLETIONS		(B)					
ΣL	RISE TO T	S OR CONDITIONS, I	STATING TH					CHILLIA	
CA	UNDERLY	YING CONDITION LA	AST.					1000	
FI				(C)					
CERTIFICATIO	OTHER S	II SIGNIFICANT COND	ITIONS CON						
Ē	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D					
		F OPERATION 1		FINDINGS OF OPER	RATION			20. AUTOPSY	?
AL		0						YES NO	Y
0		NT, SUICIDE,	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore	City, give	e exact location)	
MEDICAL	HOMICIDE	(Specify)	about bome, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
M	2 ID. TIME	(Month) (Day) (Year)	(Hour) 1:	1E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?			_
	NJURY	() ()		WHILE AT NOT WHILE		., 0000,,,			
B			m.	WORK AT WORK					
6	22. I hereb	y certify that I att	ended the	deceased from June	1 1950, to	une 9	, 19 50	that I last saw	th
	deceased al	live on June 8	_, 19 50 _, d	and that death occur	rred at 5:00 Am., from	the causes an	d on the	date stated abo	ve
	23A. SIGNA	THE COLOR	-00 h	1 2	3B. ADDRESS	L.,		23c. DATE SIGNE	ED
	1	- Clesur	orta	OOLE M.D.	2431 Maryland Av	renue		5/14/50	
710	AA. BURIAL.	Pecify)	2	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	1 9 1950	y, town, or	county) (Stat	e)
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	- 451V	25. FUNERAL DIRECTOR		Δ	DDRESS	
L	DCAL REGIST	RAR	1 61	11.	Communication -	OI HABILLI			
1	HN 2319	50 Thurston	gran //	Marie 160	A CHARLEST AND A STATE OF THE S				
	VS 150	i marin	0		4.4	66		1100	
1			"PRICES	* *				414	
								/	



BALTIMORE CITY HEALTH DEPARTMENT

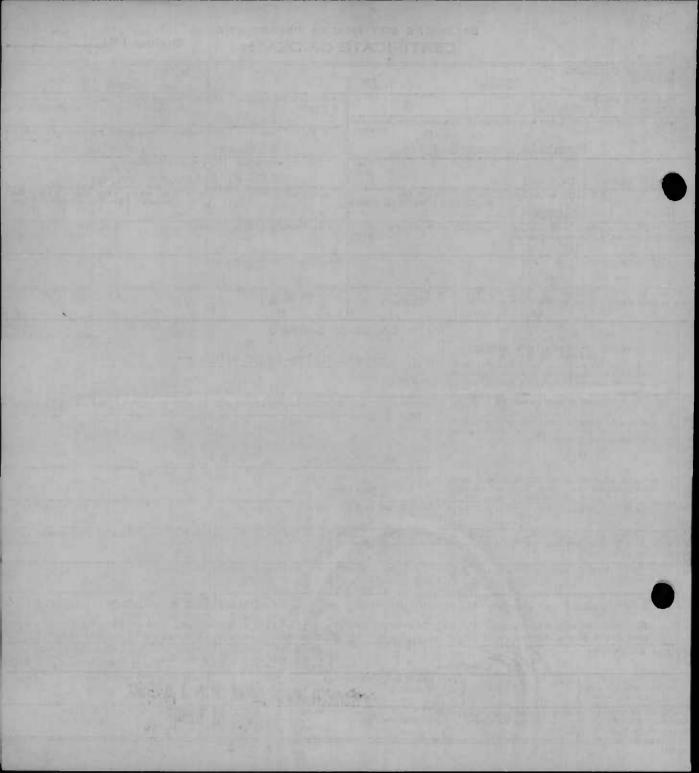
В	RTH NO.		4	CER	HIFICATI	E OF DEATH		
	NAME OF D		OHN	R.	PHILLI	°pg	2. DATE OF	ma 10 1050
Α.		EATH: City, Maryland				4. USUAL RESIDENCE A. STATE	(Where deceased lived.	ine 10, 1950 If institution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Mercy Hospi		ion, give s	street address or location)	Marylan c. CITY OR TOWN Baltimo	(If outside corporate lin	nits, write RURAL and given township
Ī	1				Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
5	ngth of s	tay in Baltimore 6.COLOR OR RACE	WIDOW		Days IED, DRCED (Specify)	5 N. EX	9. AGE (In years last birthday)	it Under I Year I if Under 24 Hou Months: Days Hours: Min
10	Male	White	U			U	43	
		CUPATION (Give kind of of working life, even if retired)		OF BUS	SINESS OR INDUSTRY	11. BINTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME		NO		14. MOTHER MAIDEN	NAME	
	. WAS DECEAS e, no or unknown)	ED EVER IN U.S. ARMEI	D FORCES?	16. SE	CIAL CURITY NO.	17. INFORMANT W		ADDRESS
ERTIFICATION	OTHER S	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which is ANTECEDENT CAUS SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LO SIGNIFICANT COND TO THE OEATH, BUT DISEASE OR CONDITION	TH of dying, e.; ons the diseaseaused death SES FANY, GIVIT STATING TI AST. ITIONS COL NOT RELAT.	NG (ME OU!		of DEATH	is	DNSET ANO GEAT
AL C		9	riotit.		IGS OF OPER			20. AUTOPSY?
MEDICAL	PRIMARY D	NAL CAUSE WAS OR CONTRIBUTING DEATH. (Month) (Day) (Year)	about home,	[arm, factory	NJURY (e. g., id g, street, office bldg., e	te.) INJURY OCCUR?		, give exact location)
1	OF INJURY		m.	WHILE AT WORK	NOT WHILE			
	the ev	idence obtained by ath in my opinion	said Auto	psu. In	spection or I	bove, held an Inspectory Autops nquiry, find that said □ x accident □, suicident 23B CHIEF MEDICA ASSISTANT MEDICAL INVESTIGE	y, Inspection or Inquir deceased died on de , homicide , L EXAMINER	the day stated above
24 TI	AA. BURIAL. (S	DREMA- 248. DATE		24c. NAN			N 1 9 1950	
D	ATE RECEIVE	D BY REGISTRAR	SSIGNATI	BE.	911174	25 FUNERAL DIRECTO	R	ADDRESS

VS 151

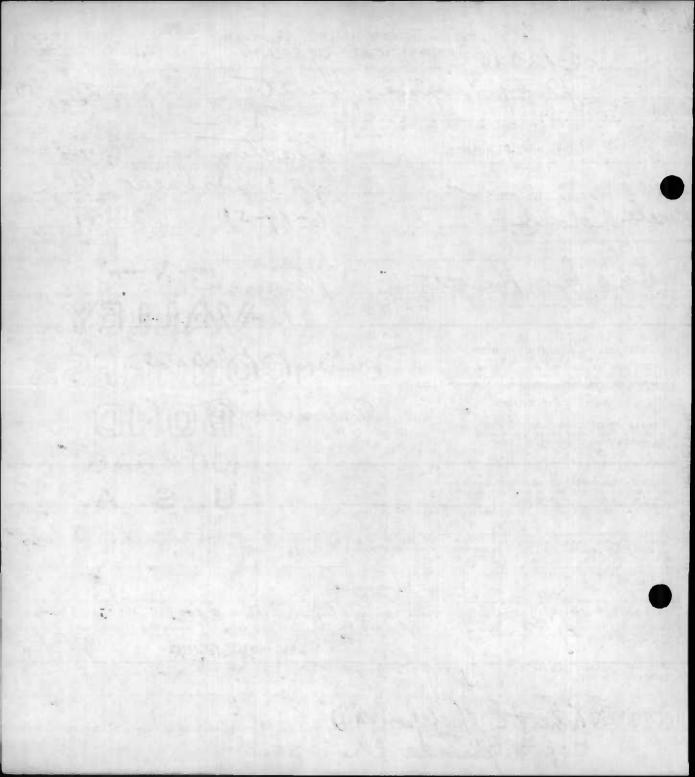


BALTIMORE CITY HEALTH DEPARTMENT віятн No.50 5547 Registered No. CERTIFICATE OF DEATH

1. NAME OF D (Type or Print)		ERNON	DABNE		2. DATE OF DEATH	June 10, 1950
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (d. If institution: residence
B. FULL NAME HOSPITAL OR INSTITUTION				Baltimor	If outside corporate l	limits, write RURAL and give (6 - 0 Lownship)
angth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	frural, give location Fairmount A	
Male	6.COLOR OR RACE Colored		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
	CUPATION (Give kind of of working life, even if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME N			14. MOTHER'S MAIDEN I	NAME	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. TO ARME! (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA'S not mean the mode of the complication which of ANTECEDENT CAUSE S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. ons the disease caused death GES F ANY, GIVII STATING TI	(B)	tensive heart di	sease	
TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	Ohest	ty		
			FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERI	NAL CAUSE WAS DR CONTRIBUTING DEATH.	218. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Ci	ty, give exact location)
21b. TIME OF INJURY	(Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
the ev	idence obtained by eath in my opinion	said Auto	psy, Inspection or I	bove, held an Inspectation Autopsy Inquiry, find that said to the condition of the conditio	. Inspection or Inquideceased died or e, homicide EXAMINER	ity it the day stated above in the day stated above in undetermined in. 23C. DATE SIGNED
24A. BURIAL. (S	CREMA- Specify)	116	24c. NAME OF CEMETE	.D. MEDICAL INVESTIGA		June 12, 1950 own, or county) (State)
DATE RECEIVE	BAR	SIGNATU		25. FUNERAL DIRECTOR	il Bealth	ADDRESS



630	
BALTIMORE CITY HEAD THE STATE OF THE STATE O	
1. NAME OF DECEASED Daby Virginia	Hurth 2. DATE OF DEATH Serve 20, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location	C. CITY OR TOWN (H outside corporate limits, write RURAL and gi
3.3 IONNS HOPKINS HOSPITAL	Dallinore Regal township
ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (14 rural sive location) 2 3 Dalvew ME
6 COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year Hours Mir
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Jergema!
(Yes, nn nr unknown) (If yes, give war nr dates nf service) SECURITY NO.	17. INFORMANT ADDRESS JUNNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	liary Ofelectasis emafurity
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc	pr 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 , 1950, to 6 /20 , 1950, that I last saw th
deceased alive on 6 /20 1950 and that death occurr	red ut m., from the causes and on the date stated show
23A. SIGNATURE 23	BB. ADDRESS HOPKINS HOSPITAL 230. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	
DATE RECEIVED BY DECISTRARIS SIGNATURE LOCAL REGISTERS JUN 2 3 1950 LANGE LINES AND THE SECOND A	25. FUNERAL DIRECTOR ADDRESS
VS 150 Hutilities Williams Re	rappal 159



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITE Yrs. (If rural, give location) Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (In years) last birthday) | Months | Days | Hours | Min-WIDOWED, DIVORCED (Specify) Keustosa IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO IONNS HOPKINS HOSPITEL CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY remodenit LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from , to _____, 19 ___, that I last saw the m., from the causes and on the date stated above. , 19___, that I last saw the deceased alive on 6 - 19- 1950, and that death occurred at 1 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE (State) DATE RECEIVED BY REGISTRAR'S GIGNATUR 25. FUNERAL DIRECTOR ADDRESS

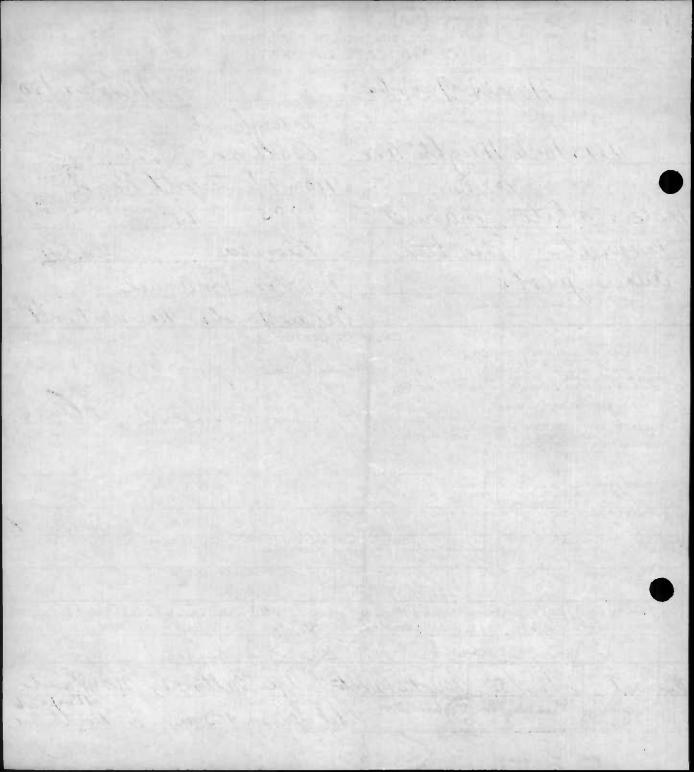
Baby gire Froctor Attento 197. 10 SHOWNER To a wind the first Service Control 10-19-30 molon K 100 derten de Partie. Company of the Compan

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5550

Registered No.

IRTH NO.				
NAME OF DECEASED Harris Jacobs	2. DATE OF JUNE 22/50			
Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION 46.13 Park Height And	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos.	D. STREET ADDRESS (If jural, give location)			
eth of stay in Baltimore 40 / 75. Days SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE (In years)			
male white married (Specify)	1885 last birthday) Months Days Hours Min.			
DA. USUAL OCCUPATION (Give kind of lob. KIND OF EUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
WAS DEFEASED EVENTINING ADMIT FORESTED IN COCCUM	Marion Emanuel			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If See, give war or dates of service) 16. SOCIAL SECURITY NO.	Or Car Jacobs - 4102 Wentworth			
18. 331X CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	re mai amonable nons			
ANTECEDENT CAUSES	4. +.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)				
(C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	21F, HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	an , 194 to Jun 22, 195 Pthat I last saw the			
	red at 43 m., from the causes and on the date stated above.			
23A. SIGNATURE No. D. 2	3003 January Blaz 6-22 50			
	RY OR CROMATORY 240. LOCATION (City, town, or county) (State)			
ATE RECEIVED BY REGISTERS SONAMORE	25 FUNE OLD DIRECTOR ALLES U-)			
JUN 23 1950	Sol Jerinson + Brown w. North One			
VS 150	//			
136	8.20			



	50	5551
gistered	No.	OOO.L

BALTIMORE CITY HEALTH DEPARTMENT 50 5551				
CERTIFICAT	E OF DEATH Registered No.			
Type or Print) REBEKAH WILL	1AMS 2. DATE OF 6-22-50			
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
FULL NAME OF (If not in hospital or institution, give street address of location)				
NSTITUTION Hosp. For the Women	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
hgth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours			
WIDOWED, DIVORCED (Specify				
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
CharlesWathins	Virginia Over			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or detes of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS			
no	Mrs. ambler mass Brookland-			
18. 470 / CAUSE	OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0-1.			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mary Occusion			
injury or complication which caused death.) DUE TD	acute			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g.,	in nr 21C. WHERE DID (If in Baltimore City, give exact location)			
HOMICIDE (Specify) about hnme, farm, factory, etreet, office bldg.	etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE				
m. WHILE AT NOT WHILE MY WORK AT WORK	□ →6:15 RM.			
22. I hereby certify that I attended the deceased from	-22, 1956to 6 -22, 1957that I last saw the			
	rred at 10:45 yn., from the causes and on the date stated above.			
234 SIGNATURE P. Benson Ir. M. D.	23. ATTORESS HORATE 6-22-50			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE				
Temoral June 24/50 Holly wor				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
IN 23 1950 Temtriator Millianie, Mil	Truny 11 xxxxxxxx sons is 4905 yorkid			
VS 150				

VS 150

74 94a

BALTIMORE CITY HEALTH DEPARTMENT

5552

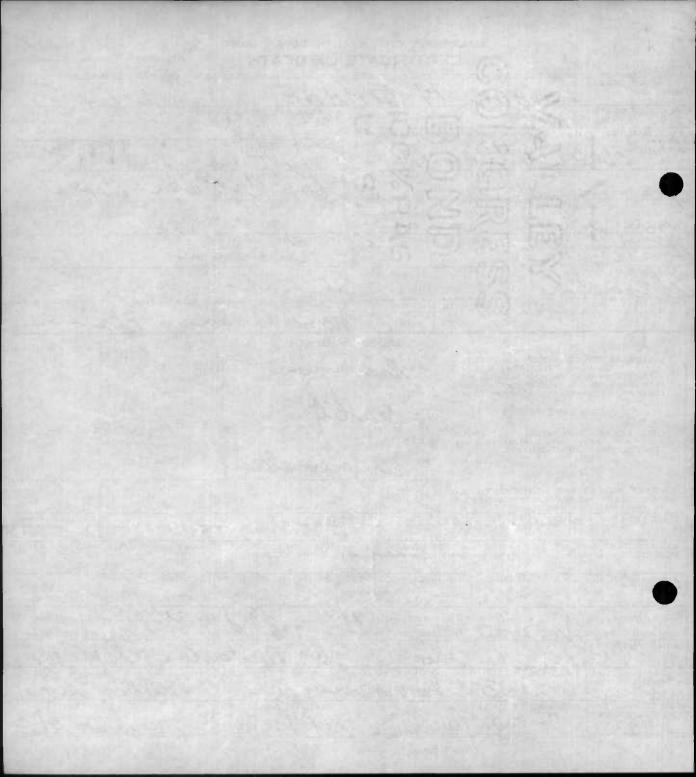
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, Arite REDIAL and give Way & township) (If rurel, ove location), Yrs. Mos agth of stay in Baltimore Days AGE (in years & Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) marries USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR THPLACE (State or foreign county 12. CITIZEN OF meduring most of working life even if retired) INDUSTRY WHAT COUNTRY? ATHERS NAME HER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY breast with industrie 2 1/2 yrs LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Carunan NO L 214. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK AT WORK 1945, to_ 22. I hereby certify that I attended the deceased from that I last saw the deceased alive on_ . 1950, and that death occurred at -17 m., from the causes and on the date stated above. 23AL SIGNATURE ADDRESS 23c. DATE SIGNED me VV 1950 BURIAL, CREMA NAME OF CEMETERY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE hustry 21006

codopale Breve

BALTIMORE CITY HEALTH DEPARTMENT

	50	5553
Lauctoin	UU	OOM

CERTIFICAT	E OF DEATH Registered No.	Part 19
ORTH NO.	L OI BEATH	
NAME OF DECEASED ESTHER H. SP	HANE OF 6-2	2-50
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE Where deceased lived. If inst A. STATE B. COUNTY	titution : residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)		Since 10 Mile of the second second
NSTITUTION 3604 Cottage ave	baltimore 13) - (Cownship)
gth of stay in Baltimore Yrs. Mos	D. STREET ADDRESS (If pural, give location)	ne.
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. Age (in years Month) Month	s I Year II Under 24 Hours S Days Hours Min.
DA / ISUAL OCCUPATION (Givekind of log. KIND OF BUSINESS OR Modern of working life, earlife retired)	11. BIRTIPPACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wraham	Laroh	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 66. no or unknown) (If yes, give war or dates of service) SECURITY NO.	Moras Thame ADD	RESS
18. 450.0 , CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	more.	
ANTECEDENT CAUSES	elit	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1 . 0	
(c) (CV)	farioselodos;	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID (If in Baltimore City, give	YES NO
HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	cauci socution,
215 TIME (Month) (Day) (Year) (Hour) 216 INJURY OCCURR UJURY WHILE AT NOT WHILE		
m. WORK AT WORK	101/5 101 1 214 21	7 7 7
deceased alive on 21, 1950, and that death occur		hat I last saw the date stated above,
23A. SIGNATURE		6/22/DI
M. D. 1 4A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETE ON BEMOVAL (Specify) 6 2 3 0 Servewse	ery or CREMATORY 24b. LOCATION 10ty, town, or or or will falls	
ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR JUN 23 1950	25. FYNERAL STRECTOR ALL 2100 E	DDRESS PO
Vs 150		^ -

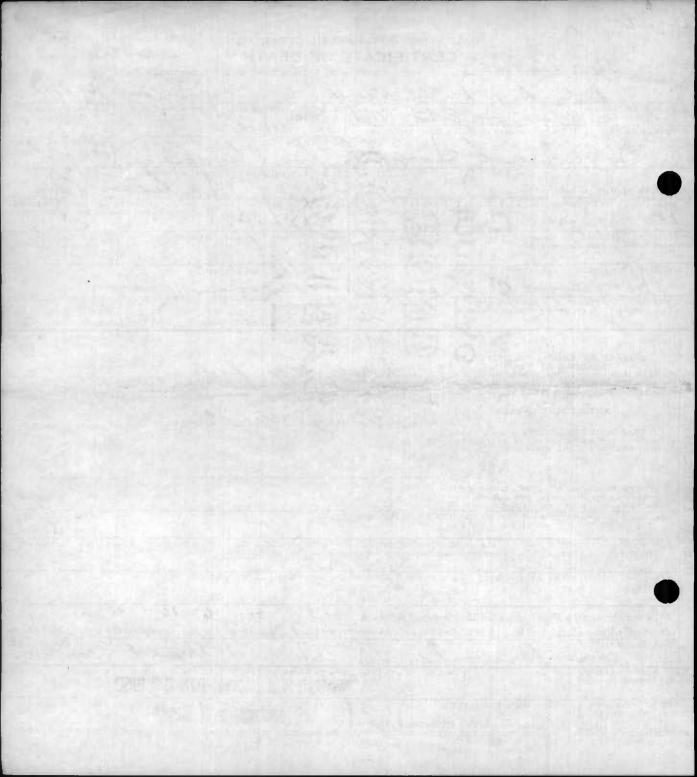


by chief 50 - 5554BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Seidenman Louis DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland To altimore, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Luion Mamorial HOSIST p. STREET ADDRESS (If rural, give location) Mos. EuTaw place gth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years | fi Under 1 Year | It Under 24 Hours | Igst birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married 6 2 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF mrk domydnging most of working life, even if retired) WHAT COUNTRY INDUSTRY Maryland Kernoys Mant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jaigan mark Saiden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no nr unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. lan Seidunman enknown INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Coronary DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CATION APPROVED BY UNDERLYING CONDITION LAST. M. D. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CHIEF OR ASST. MEDICAL EXAMINER. TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 6/22/50 NO X YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in mr 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout hnme, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 6/22, 1950, to 6/22, 1950, that I last saw the deceased alive on 6/22, 1950, and that death occurred at 22 p. m., from the causes and on the date stated above. 22 , 1950 that I last saw the 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4/20/53 244. BURIAL, CREMA- 24B. DATE NAME OF CEME OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 5. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 The second of the second second

L	152	BALTIMORE CITY HEA	ALTH DEPARTMENT		5555
BI	IRTH NO. 50 - 12 43	5 CERTIFICATE	OF DEATH	Registered No.	
	NAME OF DECEASED (Type or Print)	1. W. ellion	io	2. DATE OF June 1	6, 1958
	PLACE OF DEATH: Baltimore City, Maryland	Jalto md	4. USUAL RESIDENCE (W		itution: residence hefore admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR NSTITUTION)	institution, give street address or location	c. CITY OR TOWN Alf	outside corporate limits, w	nte RURAL and give
	N NUNCLOS	Yrs. Mos.	D. STREET ADDRESS (If I	ryral, give location)	
c.	SEX 6. COLOR DR RACE 7.5	3 Days	B. DATE OF BURTH	9. AGE (In years) It Unde	i I Year If Under 24 Hours
		WIDOWED, DIVORCED (Specify)	6/13/50	last birthday) Month	
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	000	14. MOTHER'S MAIDEN NA	AME 1	
15	5. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL	17. INFORMANT	1 2. ADD	7.
(Ye	(If yes, give war or dates of se	ervice) SECURITY NO.	Forman	e Will	eaning
	18. 762.0	CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTION DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ying, e. g., (A) Deprint	i story far	line	
_	ANTECEDENT CAUSES	Pres	are ale lect	4	
ATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	IY, GIVING	ary ale lect		
FIC		(C)			
ERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
L	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
DICA	21A. ACCIDENT, SUICIDE, 2 HOMICIDE (Specify) abo	21B. PLACE OF INJURY (e. g., in ont home, farm, factory, street, office bldg., etc	or 21c. WHERE DID (1: c.) INJURY OCCUR?	f in Baltimore City, give	exact location)
ME	21D. TIME (Month) (Day) (Year) (Hor	our) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY	OCCUR?	
	INJURY (Month) (Day) (Tear) (186	m. WHILE AT NOT WHILE AT WORK		OCCON!	
	22. I hereby certify that I attend	led the deceased from 6 -		6-16, 1950, 11	
	dcceased alive on 6 - r 6, 19		red at	he causes and on the	late stated above. 3c. DATE SIGNED
	ann The	World M.D.	University	Inguto.	Nove 1. 1350
TI-	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETER	UNIVERSITY MEDICAL SCHOOL	JUN 2 3 1950	county) (State)
DL	JUN 23 1950 Turtur	ignature	25. FUNERAL DIRECTOR	of Health Ac	DDRESS
	Ve IEO		8 - V		

- PABILLES FOR MINING

161a



5556 BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	
. NAME OF DECEASED Type or Print) MARTIN	Menui	JTY	of June 20	, 1950
PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in lospital or in l	astitution, give street address or	. USUAL RESIDENCE (Where . STATE Maryland		before admission)
gth of stay in Baltimore	Mos. Days	STREET ADDRESS (If rura	Street	
Male White w	IĎOWED, DIVORCED (Specify)	DW. 22/1914	AGE (In years li Under last birthday) Months	Days Hours Min.
rk done during most of working life, even if retired)	merly	Balto M		CITIZEN OF WHAT COUNTRY?
Martin Mc Mi	ilty	Delia M-1	Ucholas	
5. WAS DECEASED EVER IN U.S. ARMED FORCes, no or unknown) (If yes, give war or detes of serv	(ES? 16 SOCIAL SECURITY NO. 218-07-6632	Mus. Delia	me nelty	Layetto
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI	disease, death.) Due to	ng	V 1	NTERVAL BETWEEN
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	RELATED	ON		20 AUTODOVA
7				YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH.	B. PLACE OF INJURY (e. g., in or home, farm, factory, street, office bldg., etc.) Harbor	Found in harbor-	Baltimore City, give es- Lancaster S	0/2
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	AVA.

NOT WHILE WHILE AT June 20, 1950 Found drowned Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box , suieide \Box , homicide \Box , undetermined \boxtimes . 23A. SIGNATURE Earl 23B. CHIEF MEDICAL EXAMINER.

ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR 6-20-50 24A. BURIAL CREMA-240 NAME OF TION (City, town, or county) (State)

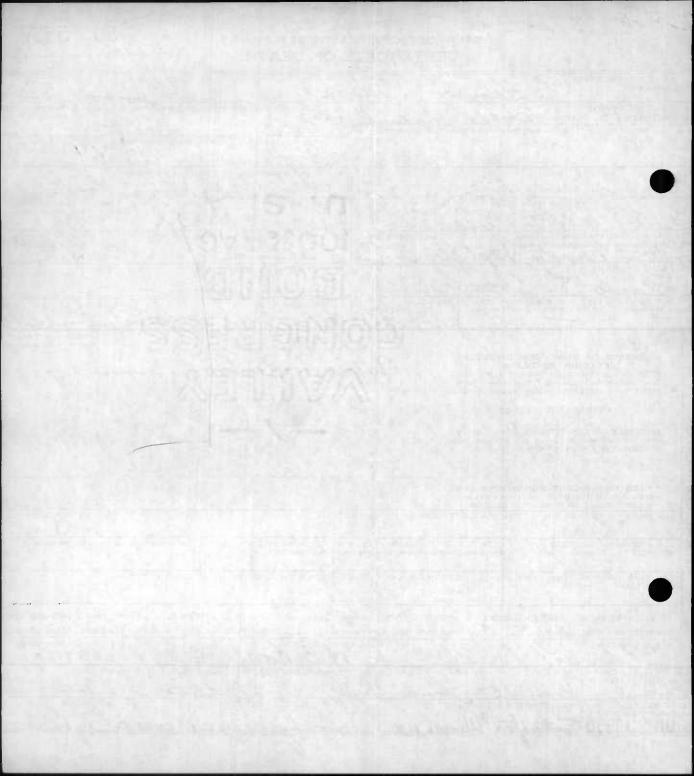
ADDRESS V S 151

BALTIMORE CITY HEALTH DEPARTMENT

50 5557

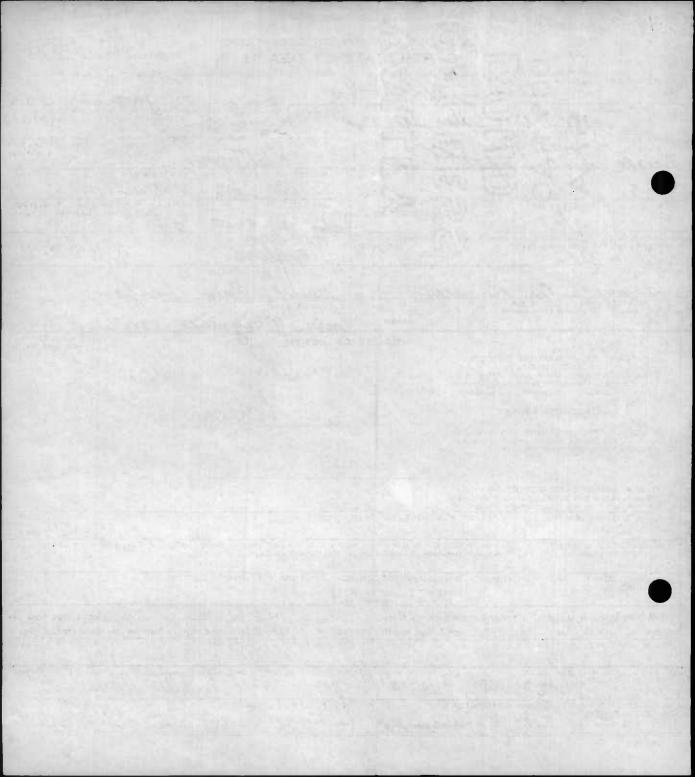
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 540 B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location (If outside corporate limits, write RIJRAL and give C. CITY-OR TOWN INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. th of stay in Baltimore Dsys 5. SEX 7 SINGLE, MARRIED 6. COLOR OR RACE AGE (in years if Under 1 Year II Under 24 Hours DATE OF last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) adowed 69 10A USUAL OCCUPATION (Give bind of 10g, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if getired) INDUST WHAT/COUNTRY? Antonior Oleonator . N. a 13. FATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (If yes, give war or dates of service) Yes, no or unknowe) SECURITY NO -01-8260 INTERVAL BETWEEN 18. CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Interior cleratic heart disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from. . 1920. to elee. , 1920, that I last saw the deceased alive on_ June 19, 1920, and that death occurred at m., from the causes and on the date stated above. 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE TIOM REMOVAL (Specify) DATE RECEIVED BY VREGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150



LUELLA H. NICHOLS BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE rulla (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where decease lived. If institution, residence 3. PLACE OF DEATH: A. Baltimore City, Maryland /200 B. COUNTY before admission) (If not in hospital or institution B. FULL NAME OF location' (If outside corporate limits, write RERAL and give D. STREET ADDRESS Yrs. Alf rural, give location Mos. th of stay in Baltimore Days 5. SEX SINGLE MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In year: If Under 1 Year 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of ork done during more of working life, even if retired) 108. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY INDUSTR Home 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, od upknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. ERVAL BETWEEN 18. CAUSE OF SET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) JURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from June 10 , 1930, to time 2, 1930, that I last saw the ., and that death occurred at 7: MAm., from the causes and on the date stated above. deccased alive on June 1 1930 23B. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24B. DATE 24CI NAME OF GEMETERY OR CREMATORY ATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIBECTOR

and the second of the second o



30 5559 BIRTH NO.
1. NAME OF DECEA
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION

BALTIMO E CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH ASED 2. DATE HN H. KENNEDY June 22 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or of Columbia Iocation) (If outside corporate limits, write RURAL and give Provident Hospital Washington Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days AGE (In years if Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) male colored 10A. USUAL OCCUPATION (Givekindof) 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of a Yes, oo or unkoowo) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary embolism (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, thrombophlebitis of peripheral vessels injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., lo or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes W, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER June 22. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS DIRECTOR N 23 195 V S 151

CHESTOWN BETWEEN VIDE THOUSENANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Grace Stalfort OF 6-22-50 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) 569 Edmondson Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of rorkdoute during most of working life even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Jousew 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

198. MAJOR FINDINGS OF OPERATION

210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY

NOT WHILE! WHILE AT

22. I hereby certify that I attended the deceased from 6-15-, 1930 to 6-22, 1900 that I last saw the

deceased alive on 6 - 17/2 19/0 and that death occurred at 6 -201m., from the causes and on the date stated above. 23A. SIGNATURE

ON REMOVA Specify ZAB. DATE DATE RECEIVED BY IIIN 7 3 1950

23B. ADDRESS

LINERAL BIRZUTOR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

CEMETERY OR CHEMATORY 24D. LOCATION (City, town, or county)

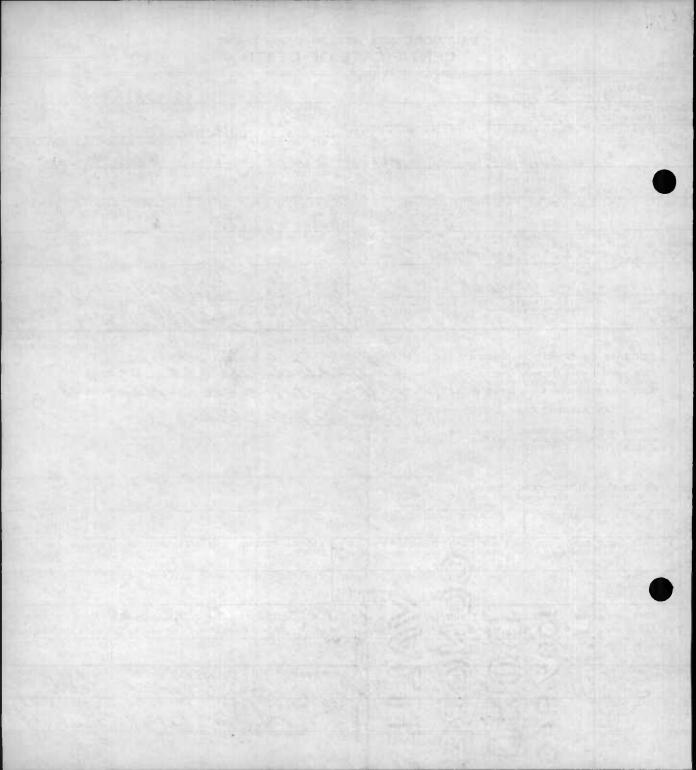
(If in Baltimore City, give exact location)

23c. DATE SIGNED

20. AUTOPSY

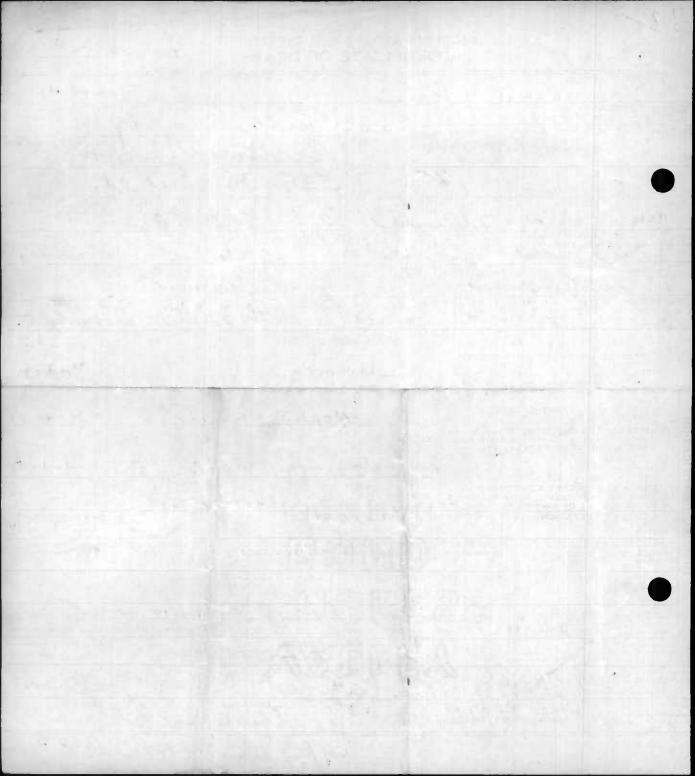
ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Vune 20, 1950 letcher DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give rovident INSTITUTION (If rural, Ave location) Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED irthday) Months Days Hours Min. WIDOWED, DIVORCE male oloved 10A USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF eduring most orking life, even if retired) nau THER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Undet Wremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES Undet. Nephroselerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Undet Essential hypertension 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 5-11 - 19, to June 19, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on June 19, 1950, and that death occurred at 11 20 m., from the causes and on the date stated above. 23A. SIGNATURE 236 DATE SIGNED

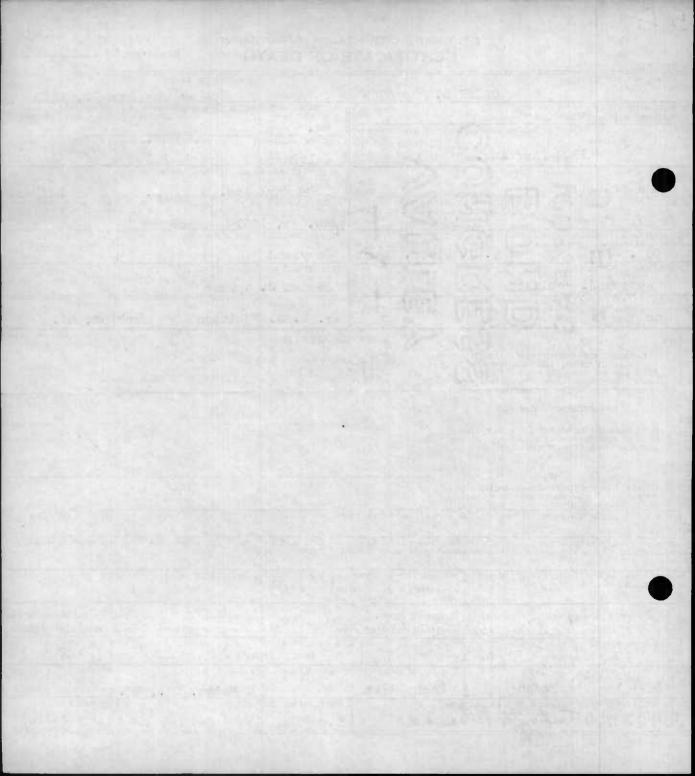
VS 150



В

CERTIFICATE OF DEATH	Registered No.
	50 55

IRTH NO.			CERTIFICATI	E OF DEA	IH	Registere	u 140	
NAME OF E	FCEASED					Lo DATE		
Type or Print)	PECENSED	D DODTMOON			2. DATE OF			
. PLACE OF E	FATH.	OLIVE	D. ROBINSON	A HEHAL BECH	DENCE (W	DEATH J here deceased lived	une 22.	
. Baltimore	City, Maryland			A. STATE	DENCE (W	B. COUNTY		re admission)
FULL NAME		al or instituti	on, give street address or	Md.				
OSPITAL OR			location)	c. CITY OR TOW	/N (If	outside corporate li	mits, write RU	
10	1904 Park	Ave.	The state of the s	Baltimore		15-	-06	township)
	HIRTON DELL		Yrs.			ural, give location))	
I oth of s	stay in Baltimore		Mos.	1904 Park				
. SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIR		9. AGE (In years	If Under 1 Year	I If Under 24 Hours
0 7 .	. 3 . 1	MIDOM	ED, DIVORCED (Specify)					
female	white	sing.		Jan. 25, 1		59		
DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	reign country)	12. CITIZ	EN OF COUNTRY?
Dep.		U.S.	Distr. Court	Maryland				
3. FATHER'S	NAME	A		14. MOTHER'S M	AIDEN NA	ME		
Josep	h J. Robinson	1	A SERVICE OF THE SERV	Miriam J.	Sname	ye.		
	ED EVER IN U. S. ARMED		16. SOCIAL		o pame			
es, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	5 1 1	2.5	ADDRESS	
no			no	Mr. H. S.	Robins	on Mor	nkton, M	d.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO								
TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION					***************************************		
19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20.	AUTOPSY?
							YES	NO L
HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		DID (If	in Baltimore Cit	y, give exact	location)
	(2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DI	D INJURY	OCCUR?		
IJURY			WHILE AT NOT WHILE					
		m.	WORK AT WORK	20		20	150	
22. I herel	y certify that I att		deceased from 19	0 30 19	, to	- 22, 19	50that Il	ast saw the
deceased a	live on 6 . X	1950,	and that death occur	red atd A.n	n., from th	e causes and or	n the date st	ated above.
23A. SIGNA		0//	2	3B. ADDRESS		0 1		TE SIGNED
1 4	· h. a	vak	- W. M. D.	36	ark	Court	6-	73-50
4A. BURIAL			244 NAME OF CEMETE	RY OR CREMATOR	Y 240. LC	CATION (City, to	wn, or county)	(State)
ON, REMOVAL (6/24/50		Rocky Rest		Be 1+	co. Co., Mc	1.	
ATE RECEIVE		S SIGNATU		25. FUNERAL DI			ADDRES	s
96AM REGIST	PAR -	The Nulli	AULA M. W.	Allema (10	done NV	1000 10	alla)
JUN 23	1000	, , / // // /	and the state of t	1/1/1/1	Te. Jue	mener V x	ww 4 c	1111
VS 150		market in	manahation 1100	1	,		1010	INV
			1119	V			1310	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAMS EMIMA DEATH Kine 22. 4. USUAL RESIDENCE (Where deceased lived, If institution; revidence A. STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION BN. 6 (If rural, give location) D. STREET ADDRESS Yrs. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIMORCED (Specify) BIRTH AGE (Layears | H Under | H Under 24 Hours last bigthday) Months: Days | Hours | Min. It Under 24 Hours IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. SIRTHPLACE (State or foreign country) CITIZEN OF ork done during most of working life, even if retired) INDUSTR WHAT COUNTRY auseurs. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or ooknowe) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 2 SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ANO OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO A YES 2152 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, form, factory, street, office bidg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from I 1950. to. . 1950 that I last saw the , 1950, and that death occurred at. deccased alive on_ A.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 300 BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATOR TION, REMOVAL TE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTEAR The said is the said of the said VS 150

in the second 100 m dan 2 6- 1,122/10 Weeper Jones H-662 50 5564 IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

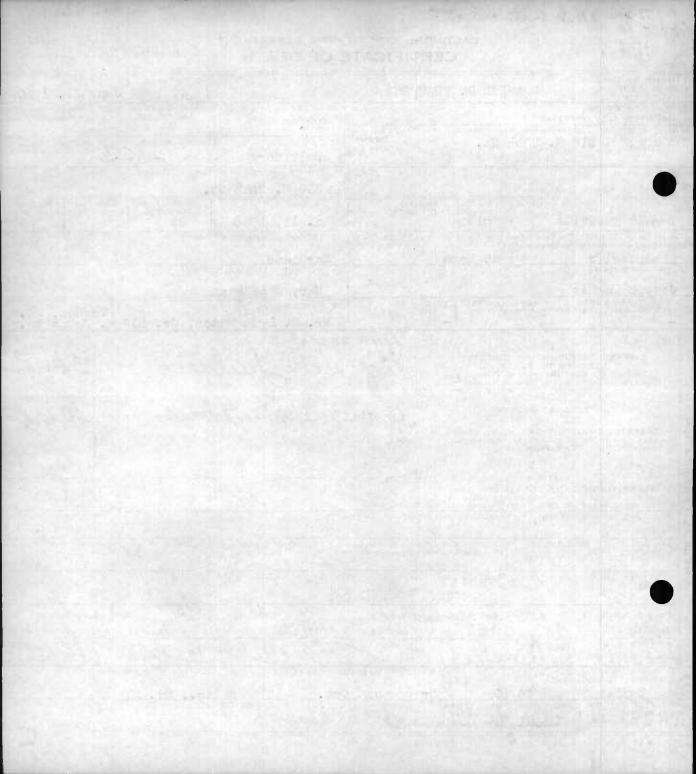
50 5564 Registered No.

В	IRTH NO.									
	NAME OF D Type or Print)	11	- 0	e	1	- 40	EHORCH	JIIV	2. DATE OF	20/50
9	PLACE OF D	Uohr	7 61	2061	CHUP				DEATH (0)	190120
A.	Baltimore (City, Maryl		Baltin		land	A. STATE	1	B. COUNTY	If institution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not	in hospita	al or institut	ion, give street	address or location)	Marylar	d		
	ISTITUTION		^	1 4	.1 .	location)	C. CITY OF TOV	VN (If or	itside corporate lin	nits, write RURAL and give
0	South Bu	Histore	Gener	ral Hos	ettal		\$altitur	2	2.	J = 0 5 township)
L						Yrs.	D. STREET ADD	RESS (If ru	ral, give location)	
c.	bength of s	tav in Balti	imore			Mos. Days	Soaa Pe		To Allasti	-
	SEX	6. COLOR o		7. SINGLE	, MARRIED.	Days	8. DATE OF BIR	THE		If Under 1 Year If Under 24 Hours
1	N 1	July L.		WIDOW	ED, DIVORCE	ED (Specify)	MAK 41 11	- 1098	last Firthday)	Months Days Hours Min.
	1. late	WHITE		Sin			17A Y 11	1000	64	
or	A. USUAL OC	CUPATION (C	Give kiod of	10B. KIND	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12. CITIZEN OF
		ORER		FACT	API/	ADOSTICE	Europe			WHAT COUNTRY
13	FATHER'S		4	1-101	UNY		14. MOTHER'S N	AAIDEN NAN	A E	
	A	Cp.	7 0	DAL	11:4		Ala		,	
	7.	UNI	60.	16 [1]	VI		100	TKN	04	
15 Ye	o, no or nnknown)	D EVER IN U.	S. ARMED	FORCES?	16. SOCIAL		17. INFORMANT			ADDRESS
	e, no or anamown,	(2. 300) B.40	war or cates	or service,	219-16	6779	MRS F.	GUM.	v 5022	PENNING TON
	18. 4	. 1				CALISE	OF DEATH			INTERVAL BETWEEN
	71					CAUSE	DEATH	10	/	ONSET AND DEATH
	DISEAS	LEADING	DITION I	DIRECTLY		10,	istano 1	5/1	6 H	
	(This does	not mean th	e mode o	f dying, e. g	5., (A)	100	72000	/ /	an	
	injury or	re, asthenia, e complication	which c	ns the diseas aused death	e,	1/		6		
					-	7			1 /1	111
,		ANTECEDEN	NT CAUS	ES	-	nes	ino, his	MIRAI	I dead	mass-t.
5	DISEASES OR CONDITIONS, IF ANY, GIVING									
1	RISE TO T	HE ABOVE CA	USE (A)	STATING TH			(/		
1	UNDERLY	ring condi	TION LA	ST.		7		1 12		
Ĺ					(5)	oron	ary (ale	andes.	
=		[]	I							
2		IGNIFICANT TO THE DEA					0			
ز	TO THE D	ISEASE OR CO	ONDITION	CAUSING 1	T				•••••	
1	19A. DATE O	F OPERATIO	N 19	B. MAJOR	FINDINGS	OF OPER	ATION			20. AUTOPSY?
₹	300 Sec. 1.01		7							YES NO
2	21A. ACCIDE	NT, SUICIDE	E,	218. PLA	CE OF INJU	RY (e. g., in	or 21c. WHERE	DID (If	in Baltimore City	give exact location)
ון ב	HOMICIDE	(Specify)		about home, f	arm, factory, street	t, office bldg., e	(a) INJURY OCC	UR?		
Ξ										
	JURY	Month) (Day	(Year)	(Hour)	21E. INJURY	OCCURRE	D 21F, HOW D	INJURY	OCCUR?	
				m. V	WORK	NOT WHILE	7			
							5 5	()		
					deceased fr					_, that I last saw the
	deceased al	ive on do	50120	, 19	and that dec	ath occur	red at 9: aSAn	n., from the	causes and on	the date stated above.
	23A, SIGNAT	TURE/	/		ALC: U		BB. ADDRESS	11/1	2 1	23c. DATE SIGNED
	(-In	Ad 11	. 1	arn		M. D.	D. Koul	1. 2	en - / Hee	06/20/33
	AA. BURIAL, C		DATE	12	4c. NAME OF	CEMETER	Y OR CREMATOR	Y 240-LOC	ATION (City, tow	n, or county) (State)
TIC	N REMOVAL (S	perfy)		77-17	V.O. 7.	: . +	Russia	10	ha lun	741
	Jura	6	une a	2000	10 4 1)	uning	Harian	104	eugae.	ma .
L	ATE RECEIVED	RAR	STRAR'S	HONATA	TEASTER, M		5. FUNERAL D.	RECTOR	00 0	ADDRESS
	JIIN 23	1950		To per	0.0	4433	J. An	dela	retiga (h)	1905 C. Prott
-	VO. 170	1000		Carlon Carlon	The state of the s		The Market			17000
	VS 150				(sery,	1		(010

MAY 11-1881 69

50 5565

	0000
BIRTH NO. CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) ANNIE R. THOMPSON 2. DATE OF DEATH Ju	ne 21, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If in a state of the state of t	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 318 E. 25th St. location) C. CITY OR TOWN (If outside corporate limits, Baltimore)	write RURAL and give township)
c. True of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 318 E. 25th St.	
female white 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years live Month of Specify) 1 Jan. 11, 1855 95	nder 1 Year hs Days Hours Min.
10. UCUAL ecoura-	2. CITIZEN OF WHAT COUNTRY
housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Joseph Hughes Mary Jane Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADJ	Towson, Md.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED UT TO THE DISEASE OR CONDITION CAUSING IT.	30 yrs-
194 DATE OF OPERATION . I 198 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give about bome, farm, factory, street, office bldg., etc.)	YES NO E
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 19, to 195, deceased alive on 195, and that death occurred at 1, from the causes and on the 23d. SIGNATURE 21f. HOW DID INJURY OCCUR? WHILE AT NOT WH	that I last saw the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C-NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or TION, REMOVAL (Specify)	county) (State)
Burial 6/24/50 Greenmount Cem. Balto Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
JUN 23 1990 rentrictor Williams, Mil I Itm. J. Victures &	mg 1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

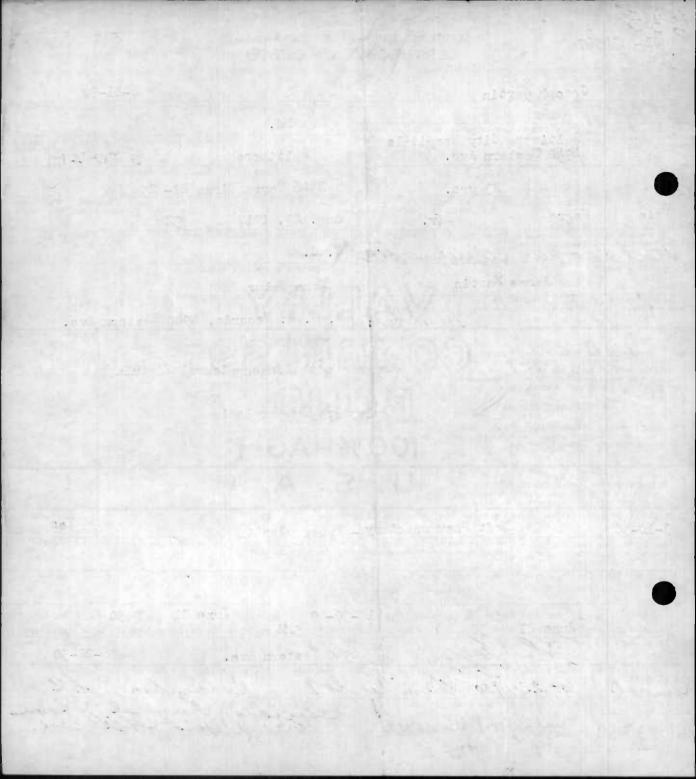
BIRTH NO I. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION township) MARC Yrs. D. STREET ADDRESS ive location) Mos. th of stay in Baltimore Days 9. AGE (In years Months: Days Hours Min. 6. COLON OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give lind of IOB. KIND OF BUSINESS OR 11. BRTHPLAGE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. RMED FORCES Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 1950 to that I last saw the 22. I hereby certify that I attended the deceased from_ decogsed alive optante 33, 1950 and that death bearred at 3.30 m., from the eauses and on the date stated above, SIGNATURE 22C. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) Removal 248. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) 6/25/50 Slate Ridge Cem. Delta, Pa. PHOISTIAR'S GIGNATURE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

CONTRACTOR OF THE PROPERTY OF JL- 134567

50 - 5567

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Joseph Martin OF 6-21-50 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitalsocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2446 Terra Firma Rd- 25 th of stay in Baltimore 23 yrs. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) 7. SINGLE, MARRIED If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. Negro Aug. 23, 1917 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done furing most of working life, even retired) WHAT COUNTRY? S. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Martin Emma Suber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. -10-7681 OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Empyema with Bronchopleural Fistula (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pulmonary Tuberculosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Left Pneumonectomy - Tuberculosis 3-10-50 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERshout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 12-30-49, 19, to June 21, 19 50 that I last saw the deceased alive on June 21, 19 50 and that death occurred at 5PM m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 6-22-50 astern Ave. BURIAL, CREMA-24c. NAME OF CEME TERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

49629



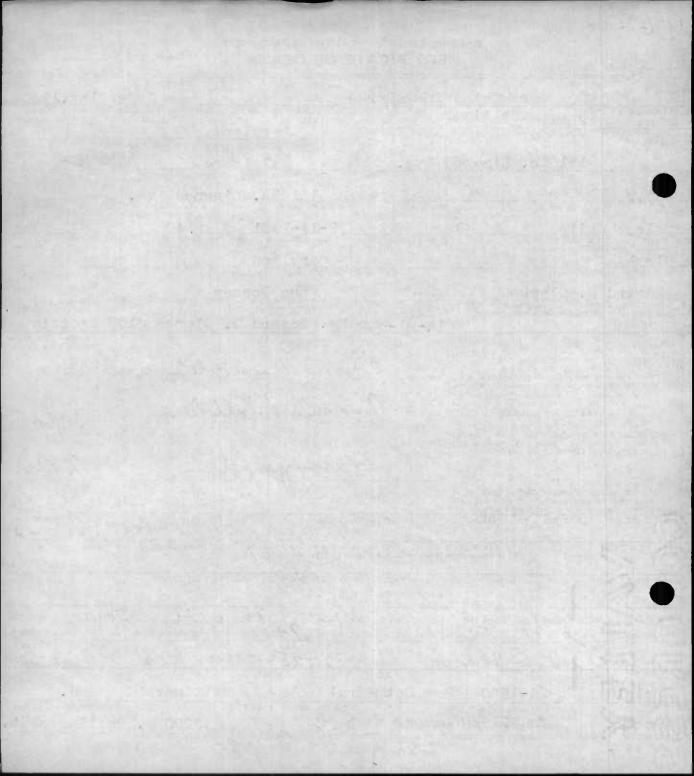
BALTIMORE CITY HEALTH DEPARTMENT

50 5568

Registered No. CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) OF Mary Catherine Clarke DEATH June 21st.1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland . FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 131 So. Linwood Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. th of stay in Baltimore 131 So. Linwood Ave. Days AGE (In years If Under I Year If Under 24 Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Temale Single 9-14-1901 OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) . INDUSTRY WHAT COUNTRY? Clerk GOVT. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward M. Clarke Anna Dorsev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Ave. SECURITY NO. 2-01-6396Mr. Edward O. Clarke 3108 Sectiona NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 212 TIME (Month) (Day) (Year) (Hour) WHILE AT 19.5 Othat I last saw the 22. I hereby certify that I attended the deceased from_ deccased alive on 6-20 1950, and that death occurred at_ Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 6-24-1950 New Cathedral Baltimore Md. DATE RECEIVED BY REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 3000 E. Baltimore St. Tuestie of Millands, Alex

VS 150

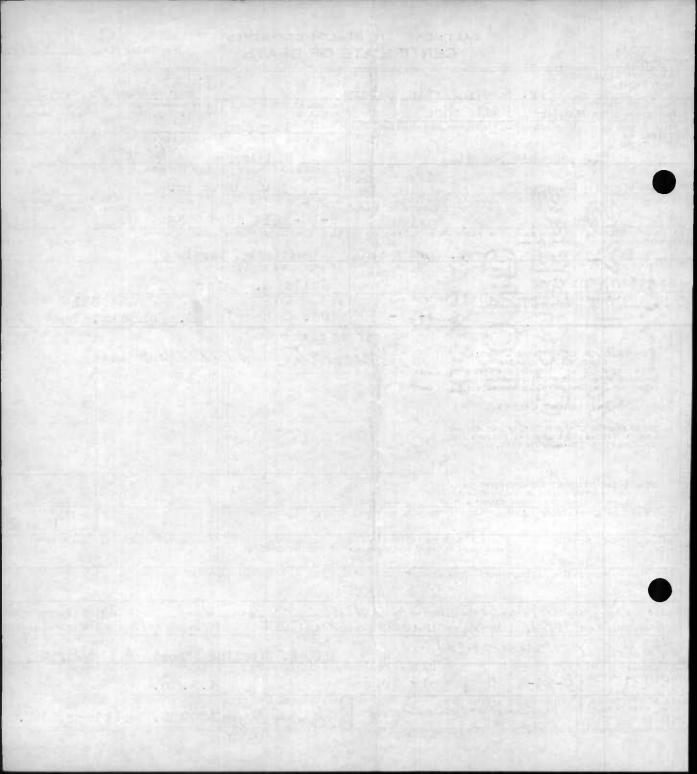
I selly will being self med the down



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) June 21, 1950 Mr. Edward Martin Hanzely DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 3816 Kimble Rd. th of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 6-16-1914 Male Married IOA. USUAL OCCUPATION (Givehind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chemist Cork & Seal Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MartinyHanzely Julia K. Brier 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or nnknown) | (11 yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADD 389 6 Catherine D. Hanzely. Kimble Rd 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? (Specify) 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 6/21/ 1950, to 6/21/ , 19 50that I last saw the deceased alive on 6/21/ 19 50, and that death occurred at 1:20 PMn., from the causes and on the date stated above. 23A SIGNATURE 238. ADDRESS 23c. DATE SIGNED wwwsk 1400 N. Caroline Street 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE 6-24-1950 Holy Cross A.A.Co. DATE RECEIVED BY 5. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE OCAL REGISTRAR withington / Yolliams, Mys. 43000 E. Baltimore St.

VS 150



7	2 CERTIFICATE CORRECTED 8-10-50						
				EALTH DEPARTMENT	50	5570	
5570 CERTIFICATE OF DEATH Registered No.							
	NAME OF D ype or Print)		dward Dorsey Ellis		of June 22,	1950	
	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (W		tion: residence before admission)	
В.	FULL NAME		al or institution, give street address or location)	Maryland	Baltimers none		
	STITUTION	11 Club R		Baltimore (If o	outside corporate limits, write	township)	
c.	Ogth of s	tay in Baltimore	2 Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)		
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under) last birthday) Months I		
	male	white	married	11 - 22 - 68	81		
work	done during most o	CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		HAT COUNTRY?	
	physicia: FATHER'S N		general medicine	Baltimore, Maryla		S.	
		John E. Elli		Emma Dyer	IN E		
15 (Yes	. WAS DECEASE , no or naknown) Yes	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	James C. Taylor -	- 323 Taplow Ros		
	/	May 1917 CC			-	ITERVAL BETWEEN	
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH (A) ARTERIOSCIERORIC Candio VAICULAN REVAL 13 MARCH 1949 DUE TO DUE TO						
7	ANTECEDENT CAUSES						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) SENTE DEMENTA - BRONCHO-PHOLHONE. UNCENTRAL - AMBRICOPIA						
잂			(c) Dysph	Agia - (CEREBRAL	THROMBOSIS	3 Weeks	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
CA						YES NO	
MEDICAL	HOMICIDE	A. ACCIDENT. SUICIDE. MICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
-	21D. TIME (Month) (Day) (Year)			OCCUR?		
			m. WHILE AT NOT WHILE				
deceased alive on 22 to 1950, and that death occurred at 12:30 m., from the causes a						t I last saw the	
	234. SIGNA		1/2/00 2°	38. ADDRESS 512 Cathedral St.		. DATE SIGNED	
24	A. BURIAL (S	REMA- 248. DATE	24C. NAME OF CEMETE		CATION (City, town, or cou	nty) (State)	
	on REMOVAL (S		Loudon Park	Ba 1t i	more, Maryland		
DA	TE RECEIVE	BY REGISTRAR	SAIGNATURE	25. FUNERAL DIRECTOR	ADD	RESS	
11	IN O O 101	=0	TOE HOS	John O.Mitchell &	Sons, Inc1900	Eutaw Pl.	
J.	DN W.K. WALLER-after 2 PM Marion 18 14 121a						

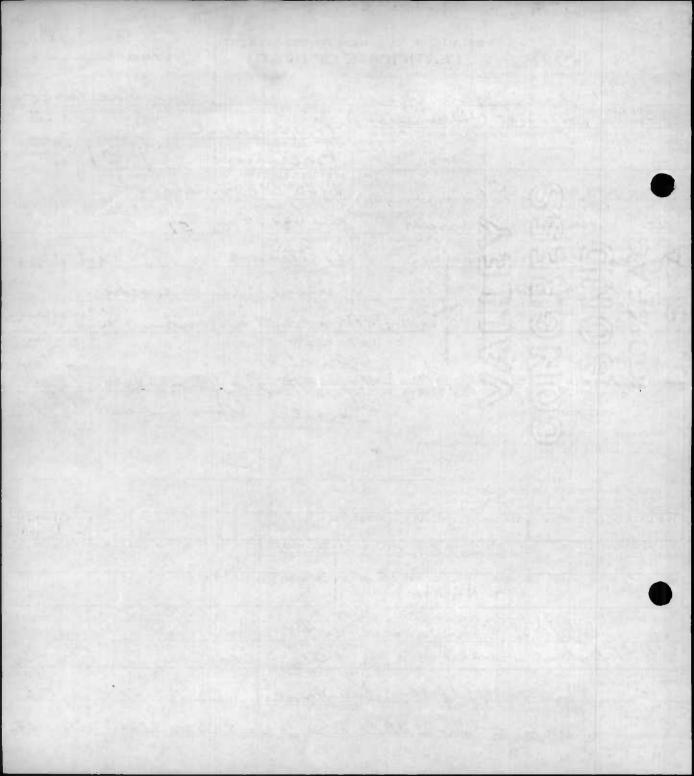
Harris Marie Control of the Control	monnace Territoria
or on the full district	
(a) (b) (b) (c) (c) (d)	
and red generalist	
And with 200 - miles S had	
	A CONTRACTOR OF THE PARTY OF TH
	the same of the second state of the second
VET THE PARTY OF	
and of the contract of Table 1997 and	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. PLACE OF DEATH: Baltimore City, Maryland 3/05 012 FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) NSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. 01 Days

50 5571 Registered No ... before admission) (If outside corporate limits, write RURAL and give 12. CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN ONSET AND DEATH

th of stay in Baltimore . SEX 6. COLOR OR RACE 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) marries OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) rk done during most of working life even if retired) INDUSTRY ran moulder 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
es. no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO 216-07-8850 mm 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 212 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE 22. I hereby certify that I attended the deceased from 6 that I last saw the deceased alive on 6/70/ 1950 and that death occurred at 7. M., from the causes and on the date stated above. 23 . SIGNATURE 23B. ADDRESS 23C DAYE SIGNED eunausk 24A. BURIAL. CREMA-ION, REMOVAL (Specify) Burial Jemelen DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR

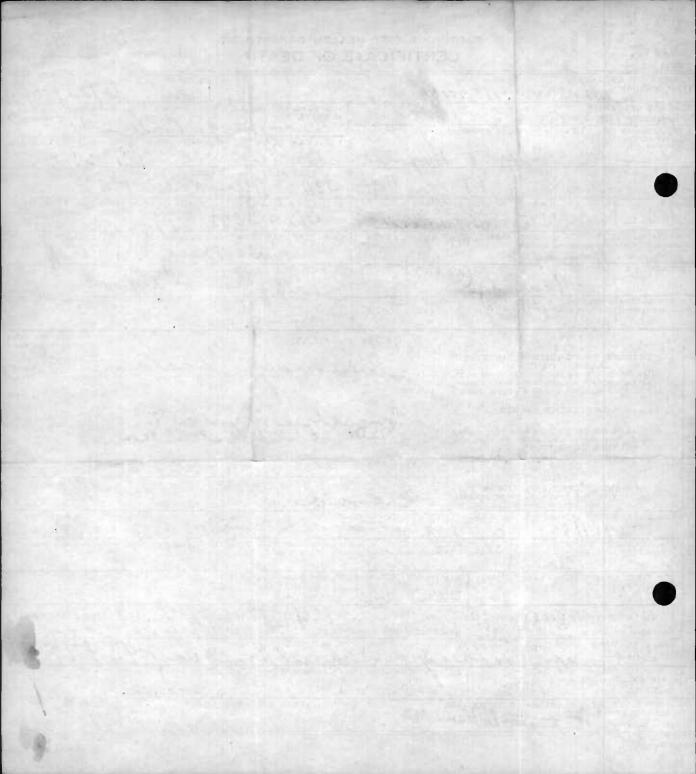
or of the state of



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5	J	55	17
Registered N	0	- 0	y 7-w

BIRTH NO.							
1. NAME OF DECEASED (Type or Print) HIRRY A. HEANY	2. DATE OF 6/22/50.						
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. SOUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	May and, Baltimore.						
INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
Clum the yours of Hospital.	Balton ove. 1508A						
c. Tth of stay in Baltimore 77 Mrs. Mos. Days	2911 Allender Rd.						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under 24 Hours last birthday) Months; Days Hours Min.						
well. White. Married	16/2 9/1872 77 Mad						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF						
ork done during most of working life, even if retired) INDUSTRY	Many land. WHAT GOUNTRY?						
13. FATHER'S NAME (HEANY)	14. MOTHER'S MAID N NAME						
O D Hand (FIERRY)							
Joyat. Hearing	Catherine A. Debrurg						
15. WAS DECEASED EVER IN U. S. ARMED FOR (16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	Charles M. Heany K. of C. Club						
18. 561.4 CAUSE C	OF DEATH INTERVAL BETWEEN						
	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	margani Bedema 3 day						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES							
ANTECEDENT CAUSES	utri, Hernin, i						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO (B) COURT HE ABOVE CAUSE (A) STATING THE DUE TO DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	- Continue Con						
II (C)							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ua						
19A. DATE OF OPERATION % 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?						
6/19/50: rpry ero ture	huma.						
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in							
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	ic.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?						
NJURY WHILE AT NOT WHILE							
m. WORK AT WORK							
22. I hereby certify that I attended the deceased from.	6/19/ 1950, to 6/22/, 19 19that I last saw the						
deceased alive on b, 1950 -, and that death occurr	red at 1. 10 km., from the causes and on the date stated above.						
	3B. ADDRESS // A DATE, SIGNED						
pollucationship M.D. C	Auch Homot How Vall 6/27/50.						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, fown, or county) (State)						
Burial 6/24/50 New Cathedra	Baltimore, Md.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25/ FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR	Mr. Chandles and Change of the Bould						
WN 23 1950 10000 Y	The sound of your post 11. Conson of						
VS 150	1000						
	1220						



	50	5573
Lanabaia	BT-	

€.							50	5573
51	5552		BAL		EALTH DEPART			0010
BII	RTH NO.			CERTIFICAT	E OF DEAT	H Regist	ered No	
	NAME OF DECEAS	ED/ /	/	-1 111	7//	2. DATE	/	
			on, Z	lizabeth	(helma	OF DEATH	Vune 2.	
3. A.	Baltimore City, I	Maryland			A. USUAL RESIDE	ENCE (Where deceased) B. COU!		n : residence fore admission)
B. I	COLTAI OR		1 1	ion, give street address o	1	Balto	City	
	TITUTION WO	men's Ho	spital) location	c. CITY OR TOWN	(If outside corpora	ite limits, write R	UKAL and give township)
14	1			(y2.	D. STREET ADDRE	SS (If rural, give loca	62-06	
c.	gth of stay in	Baltimore	3	8		andall ST		
5.	6. CO	LOR OR RACE		E. MARRIED. /ED. DIVORCED (Specif	8. PATE OF BIRTH		ears If Under I Year ay) Months Day	
	1-	W		m	Vune 21,	1911 38		
10/ work	. USUAL OCCUPAT	FION (Give kind of glife, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR		State or foreign country)	12. CITI	ZEN OF
	Hair	e Wife		-	Galtimo	re, und	u	٠٠٠
13.	FATHER'S NAME	. /	11	2	14. MOTHER'S MA		,	
	JMITh,	Vose	bh 2	•	MOLL	man, Wau	de	
(Yes	WAS DECEASED EVEN	R IN U.S. ARMEI es, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS	
	110				l Ca	tienT.		
	18. 170 ×			CAUSE	OF DEATH			RVAL BETWEEN ET AND DEATH
		CONDITION DING TO DEA			at at	a brond		
	(This does not m heart failure, asth	nean the mode	of dying, c. :	e., (A) Carc	inoma of	OLC421	10	mos,
	injury or compl	ication which	caused death	n.) DUE TD				
	ANTE	CEDENT CAUS	SES					
Z	DISEASES OR C	CONDITIONS	E ANY CIVII	(B)		. **		100000000000000000000000000000000000000
Ĕ	RISE TO THE ABOUNDERLYING	OVE CAUSE (A)	STATING TO					
CERTIFICATION	ONDERETHIS	SONDINON D						
FIF		н		_(C)				
R	OTHER SIGNIF							
Ū,	TD THE DISEASE	OR CONDITION	CAUSING		DATION		1.00	AUTODEVA
4	OCTOBER	1949	arcin	1 . /	left		YES	AUTOPSY?
MEDICAL	21A. ACCIDENT. S		218. PL	ACE OF INJURY (e. g.	in or 21c. WHERE D		City, give exact	
	HOMICIDE (Spe	city	about home,	farm, factory, street, office bldg	.,etc.) INJURY OCCU	R7 —		
Σ	21b. TIME (Month	(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		=-//-
	NJURY		m.	WHILE AT NOT WHILE				
	22. I hereby cert	ify that I att	ended the		une 18 195	o to Vune 23	, 19 5 that I	last saw the
				and that death occ	urred at 1105 m.	, from the causes an		
	23A. SIGNATURE	2 6	2	===	23B, ADDRESS	1.40 0.01		ATE SIGNED
	El	en 1.	(ا	med M.D.	Women is they	My Seek		4531950
24 TI0	A. BURIAL, CREMA- N. REMOVAL (Specify)		and the second	24c. NAME OF CEMET	ERY DR CREMATORY	24b. LOCATION (Cit	y, town, or county	y) (State)
	ırial	6-26-19		New Cathedi		Baltimore	θ,	Md
	TE RECEIVED BY	REGISTRAR	SSIGNATI	JRE	25. FUNERAL DIR	17	ADDRE	SS
	JUN 23 1950		rafor /	manus, (Late	G. Howard S	trong 3207 l	W. North	Ave.
	VS 150	1 William	- may still	AND THE PERSON OF			5	0

HINTER TO BE SEED OF SERVICE

50 5574

Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE
BCOUNTY
before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Mos. rth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 9. AGE (In years) If Under 1 Yess last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRA WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or nnknown) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 6-22 , 195 that I last saw the 22. I hereby certify that I attended the deceased from_ 1950 to deceased alive on 6 . 32, 1950, and that death occurred at_ m., from the causes and on the date stated above. 23c, DATE SIGNED 23B. ADDRESS

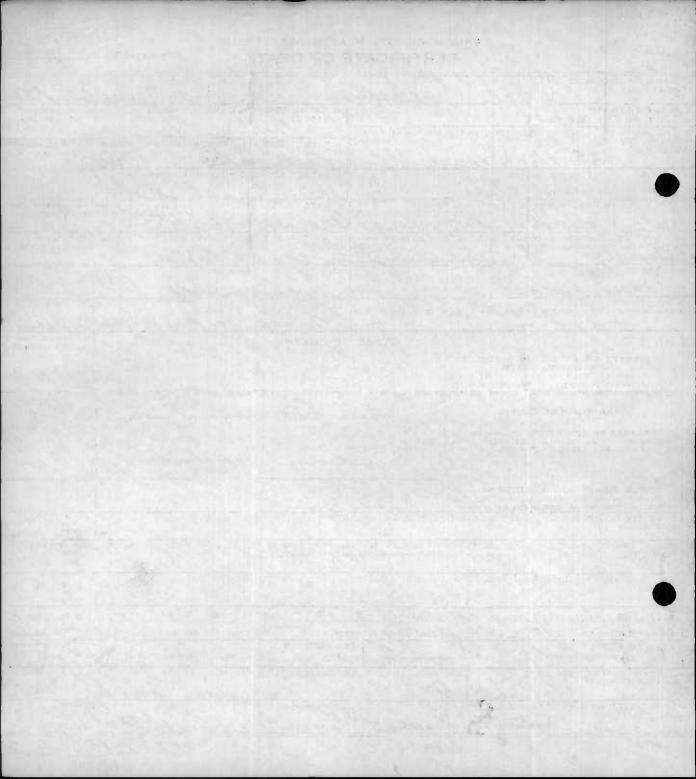
6-23-50 24A. BURIAL, CREMA-TION-REMOVAL (Specify)

25. FUNERAL DIRECTOR

RECEIVED BY

VS 150

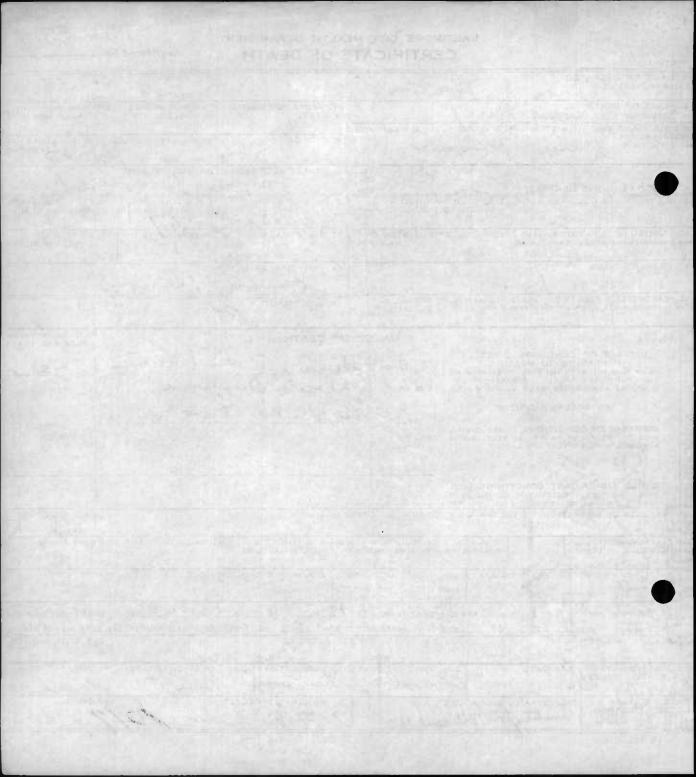
MOPRESS



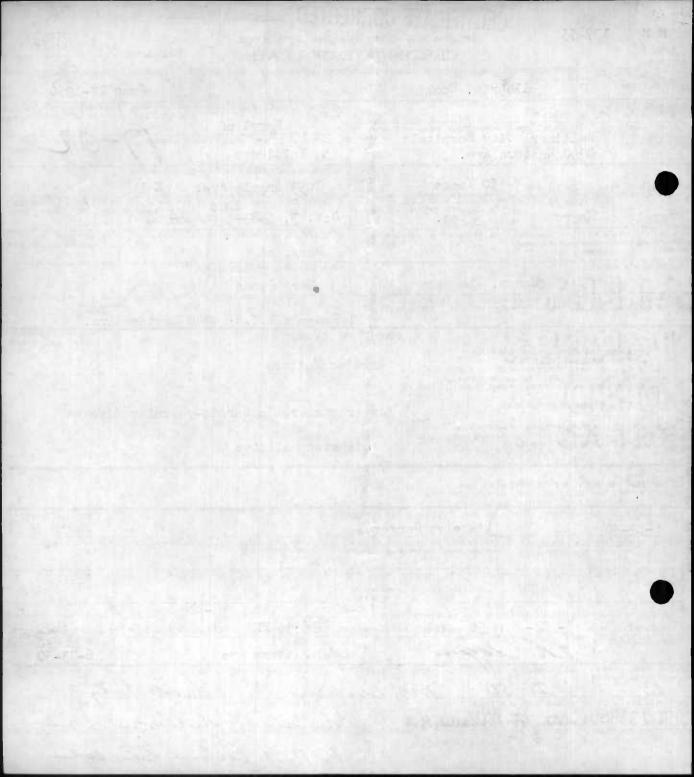
2	3	5)
	5	57	75
BIR	TH 1	10.	
1. N (Ty)	De or	Pri	f D

50 55ME

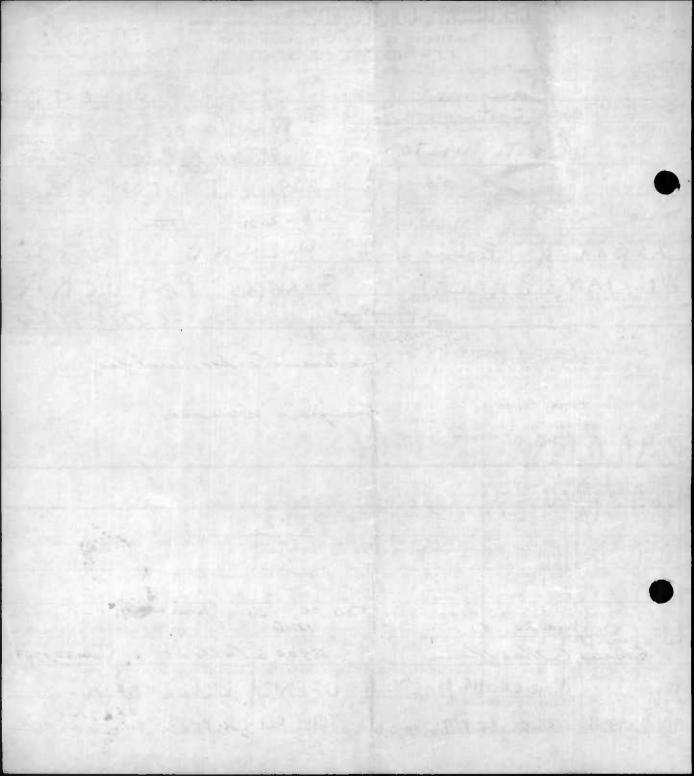
)	5575			CERTIFICATI	EALTH DEPARTMENT	Registered	No
=	IRTH NO.						
(7	NAME OF Coppe or Print)	Edwen	4. /+	louoton		2. DATE OF DEATH	22.50
A.		City, Maryland	mercy		4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	/h		
IN	NSTITUTION	Therey	/ferso	. 0 11	c. CITY OR TOWN	outside corporate limi	its, write RURAL and give
C.	gth of s	tay in Baltimore		2 d Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	etle am
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	7/14/1890	9. AGE (In years last birthday) M	Il Under 1 Year Onths Days Hours Min.
IC	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	,		14. MOTHER'S MAIDEN N	IAME .	
	Tho	mas / for	ston		Soul	Henn	y
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1.	DDRESS
	10 1/1	1	223	CALICE	00 000		INTERVAL BETWEEN
	18. 44	2 × 1		CAUSE	OF DEATH	()	ONSET AND DEATH
h		SE OR CONDITION LEADING TO DEA	TH	14,000	leusine Carde	à l'asculu	7
	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e. g	e. (A) / 19 / Cac	O A A		- 2 years
	injury or	complication which	caused death.	.) DUE TO	Renul du	real	
J.	Bart Jan	ANTECEDENT CAUS	SES	00	01.00 7	40	
Z	DISEASE	S OR COMPLETIONS		(B)	o poerces 1		
Ĭ	RISE TO	S OR CONDITIONS, I	STATING TH	E DUE TO			to Tellandor III
CA	UNDERL	YING CONDITION L	AST.				
F	5. 6.537			(C)			
RT	OTHER S	SIGNIFICANT COND	ITIONS CON				
E	TRIBUTIN	TO THE DEATH, BUT	NOT RELATE	D			
,				FINDINGS OF OPER			20. AUTOPSY?
CAL		0					YES NO
EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c, WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
Σ	21D. TIME	(Month) (Dny) (Year)	(Hour) 2	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
H	NJURY		m. W	WORK NOT WHILE			
01	22. I hereb	y certify that I att	ended the	deceased from 6	17-50 , 19 , to 6	- 22-50 19	, that I last saw the
				and that death occur			the date stated above.
	23A, SIGNA				38. ADDRESS		23C. DATE SIGNED
		H. Vus	ken	M. D.	mere	es	6-22-5
71	AA. BURIAL.	CREMA. 24B. DATE	2	4C. NAME OF CEMETE	11 -	OCATION (City, town	n, or county) (State)
6	Juna/		K	trios Cty.	Van Jerry 1	mion Cts	New Versey
0.	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	0	ADDRESS
Ī	IIN 2319	50 Temtre	For Mill	CAULLA, RA. IN	Will ook	me - 12,	17 St 1341 S
7	VS 150						1
	10 100		water state	of A American	60		1310
				1/0			12100



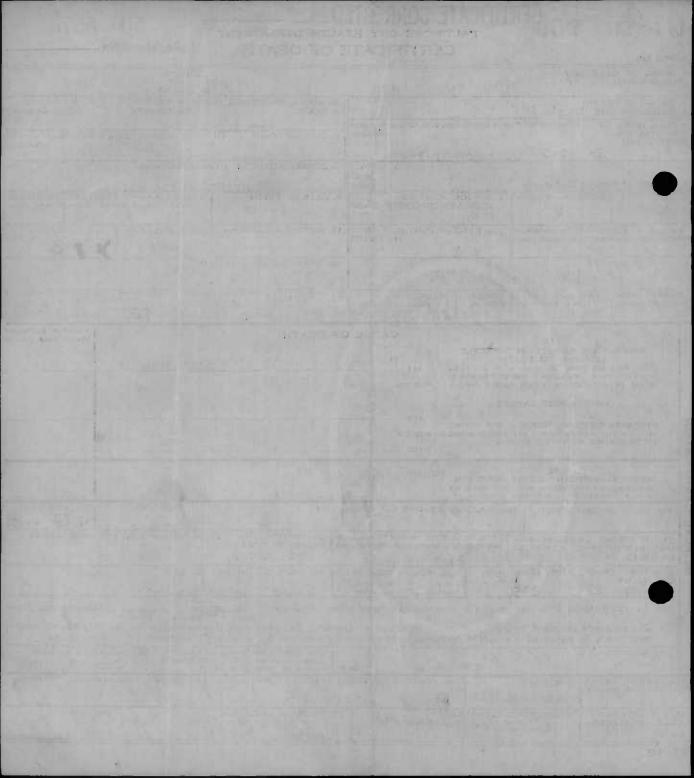
137455 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Alberta, Cook OF June 22-1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corpor te linite, write RURAL and give INSTITUTION 4940 Eastern Ave. (waship) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 50 Years rth of stay in Baltimore 1053 Argyle Ave. Dave 6. COLOR OR RACE 1884 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Female Negro Sep. 66 64 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry, Thompson Mary Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records B.C.H. 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cardiac Failure CAL heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic Cardio-vascular disease (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Diabetes Mellitus (C) ... 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Diabetes Gangerne 6-19-50 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT 4-20 . 19 50 that I last saw the 6-22-22. I hereby certify that I attended the deceased from. 1950 to deceased alive on 6-22-, 19,50, and that death occurred at 6:30 RM from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ava 6-23-50 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS VS 150 1011 M. Cellington



8-10-50 5577 BALTIMORE CITY HEALTH DEPARTMENT 5577 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 100007 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland E COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION () township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH It Under 24 Hours 9. AGE (In years) If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) anne 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ROGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO 217-07-850 AUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Bright's Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE Jesus 2/ , 1966, that I last saw the 22. I hereby certify that I attended the deceased from Feb 20, 1950, to deceased alive on free 20, 1950, and that death occurred at 12:050 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2900 E Ball ST Charles G. Mac Mer hum 22, 1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 310



62950 5578 CERTIFICATE	CORRECTE MORE CITY HE	ALIH DEFARIMENT	0 5578
BIRTH NO.	RTIFICATE	E OF DEATH Registere	ed No.
1. NAME OF DECEASED (Type or Print) WALTER THON	MAS MARK	2. DATE OF DEATH Tax	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lives A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, a HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and give township)
Baltimore City Hospit	Yrs.	D. STREET ADDRESS, (If rural, give location)
c. gth of stay in Baltimore	Mos. Days	400 Myland Point Rd	
14 8 9 20	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or or k done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	•	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	A	ADDRESS
18. £902.3	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	The above		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		e of skull with contusion of brain	of
injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO		
	(C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cute Alcohol	ism	
	IDINGS OF OPERA	ATION	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21B. PLACE	OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore Cit	ty, give exact location)
UNDERLYING M OR CONTRIB- about home farm, for	actory, street, office bldg., et	Back River, Essex, Mary	
OF INTERV	INJURY OCCURRE		
June 21 1950 Am. WOR	K LX AT WORK L	Fell off table into pit	
the evidence obtained by said Autorsy		hove, held an Autopsy Autopsy, Inspection or Inquiry, find that said deceased died on	
and death in my opinion resulted from	: natural causes	□, accident ☑, suicide □, homicide □], undetermined [].
195 Fishe	M.I		June 21, 1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	assis, Him	25. FUNERAL DIRECTOR	ADDRESS
VS 151 N - 803.2	980	+ 9 9	186a V



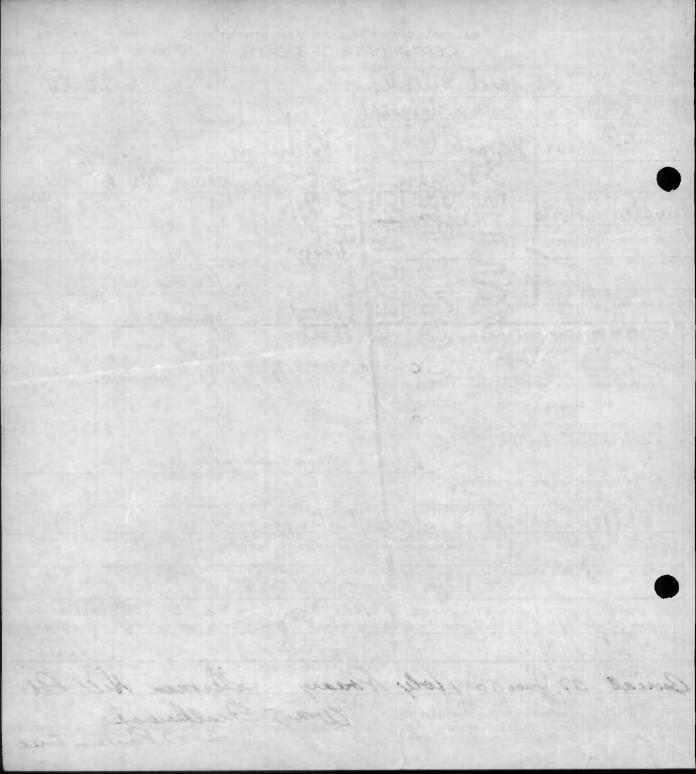
560 BIRTH 5579				
1. NAME OF DECEASED (Type or Print) CHARLES	HENDY S	CHMIER	2. DATE OF Tune	23 1050
3. PLACE OF DEATH: A. Baltimore City, Maryland	TIEN N			
HOSPITAL OR		Maryland (Ho	outside corporate limits	write RURAL and give
Mercy Hospital		Baltimore	9-	07 township)
of stay in Poltimore	Yrs. Mos.			
CTYPO Trint) CHARLES HENRY SCHMIER DEATH June 23, 19 3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital Yrs. Mos. Days STATET ADDRESS (If rural, give location) S. STATE				
Male White Ma	erried	2/7/1884	66	
ork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or for	eign country) Md(.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 1 16. SOCIAL	aroline	Muknown)
Yes, no or unknown) (If yes, give war or dates of service	215-10-2598	Catherine School		
This does not mean the mode of dying, heart fallure, asthenia, etc. It means the dilnjury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	e.g., (A) Fractisease, cath.) DUE TO (B) Hemorist The DUE TO (C)	and ribs		ONSET AND DEATH
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
			in Baltimore City, gl	
UTING L CAUSE OF DEATH.	Wharf	Pier 6, Pratt		4-1
OFINJURY	WHILE AT TO NOT WHILE			dder to pier
		A 22 + 0 10 1		thereon and from
the evidence obtained by said A and death in my opinion resulte	utopsy, Inspection or I	Autopsy, In nquiry, find that said dec	ceased died on the ☐, homicide ☐, un	e day stated above, adetermined
Flanky 8. De	elacter M.	D. MEDICAL INVESTIGATO	XAMINER	6-23-50
24A. BURIAL, CREMA 24B. DATE (Specify) 6/27/3	24c. NAME OF CEMETER	RY OR CREMATORY 24b. LO	CATION (City, town, o	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR JUN 24 1950	Volliams, M.	25. FUNERAL DIRECTOR	217 St. Par	ADDRESS UST
VS 151 N-804, 2	sum : Parentement you 6	02 (1)	18	6a- 1

+	1	2		
BI	RTI	55 H N	8)
1	D1.4	DA C	OF	_

50 5500

Registered No.

Type or Print) Nargard Hilipki	owski 2. DATE OF 6.22.50
PLACE OF DEATH: Baltimore City, Maryland Soctors gloset FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
	c. CITY PR TOWN (If outside corporate limits, write RURAL and give 2 0 3 township)
gth of stay in Baltimore 40 mins	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1615 Shakes place Mr. £
sex 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWEL DIVORCED ((Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year In
DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OR JSTRY OR JST
s. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. 1 JINFORMANT Filipkowski - above
DISEASE OR CONDITION DIRECTLY	USE OF DEATH INTERVAL BETWEEN
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	up yen a gall bladder, reputitis about weeks
ANTECEDENT CAUSES	Vremia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	trio selvote Cardeo vas artes renalblessay
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	leading as any les'
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY about home, farm, factory, street, office	
	CURRED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	6/17/53 pp., 19 , to 6 / 22 , 1950 that I last saw the
deceased alive on 6/2 2, 19 6, and that death	occurred ata.m., from the causes and on the date stated above.
Thocker & Transano M.	0. 2802 Hayfird Not 6/22/50
ON SENSOR DE LA CREMA 24B. DATE 24C. NAME OF CE	EMETERY OR CREMATORY 240, 100 ATION (City, town, or ounty) (State)
ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS WAS Scalkewake
VS 150	2007 Eastern Terel
	127a



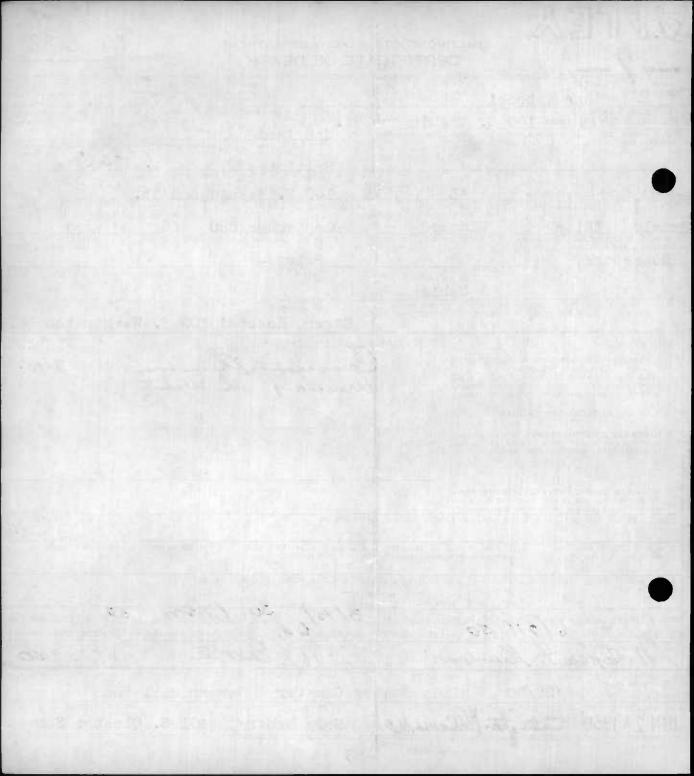
362	RALTIMORE CITY HE	EALTH DEPARTMENT	51)
) 5581 BIRTH NO.	CERTIFICATI		Registered N	10. JOO.L
1. NAME OF DECEASED TO TO TO THE COUNTY OF T	iterski		2. DATE OF DEATH	e 21-180
a. Baltimore City, Maryland Sal	to. City	4. USUAL RESIDENCE	(Where deceased lived. If	before admission)
HOSPITAL OR	itution, give street address or location)	c. CITY OPTOWN	If outside corporate limit	s, write RURAL and give township
c. Ogth of stay in Baltimore Li	fe Yrs. Mos. Days	D. STREET ADDRESS ()	If raral, give location)	nd ane
11 W M		BOATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under I Year II Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the work done during most of general life, even if retired)	HALL DUSINESS OR INDUSTRY	11. BIRTHY ACE US OF		12. CITIZEN OF WHAT COUNTRY
13. FATHER STAME Brook	emiski.	14. MOTHER'S MAIDEN	NAME	0
15. WAS DECEASED EVER N U. S. ARMED FORCES (Yee, no spannown) (If yee, give war ar dates of service)	16. SOCIAL SECURITY NO. 218-12-265.3	MAMMA	Litersk	DDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) COTONO sease, eath.) DUE TO	ary oeclu	uen	about munual
THE SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	LATED			
194 DATE OF OPERATION . 198 MAI	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
	PLACE OF INJURY (e. g., in nme, farm, factory, street, office bldg., e		(If in Baltimore City, s	
21D. TIME (Month) (Day) (Year) (Hour) NJURY	21E. INJURY OCCURRI		RY OCCUR?	
22. I hereby certify that I attended to deceased alive on 19 23A. SIGNATURE	_, and that death becur	red at 1155 pm., from 3B. ADDRESS Varfard	the causes and on the	that I last saw the he date stated above 23c. DATE SIGNED 6 23 60
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 26 June 50	24c. NAME OF CEMETE	laus 1	Dundalk	aue.
LOCAL REGISTRAR'S SIGN		15. FUNERAL DIRECTOR	elbowski	ADDRESS
VS 150	15	250	2007 8	astern due

Dr. Dragiano 2802 Harford Pel. and the second second

5582

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Anna Kotecki DEATH June 22. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 109 S. Washington Sta. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland OSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township) Baltimore
D. STREET ADDRESS (If rural, give location) Yrs. AINS. c. Length of stay in Baltimore Divs 109 S. Washington St. 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. Widowed September 1880 Female White OA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF rk doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ushlar 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
You no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Edward Kotecki 109 S. Washington St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO C 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that 1 attended the deceased from. 6/3// 1950, and that death occurred at 6 2. m., from the causes and on the date stated above. deceded alive on. 23 SANATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-ION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 6/26/50 Holy Rosary Cemetery German Hill Road Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE Mary Weber 401 S. Chester Street

THE RESERVE OF THE PROPERTY OF THE PARTY OF

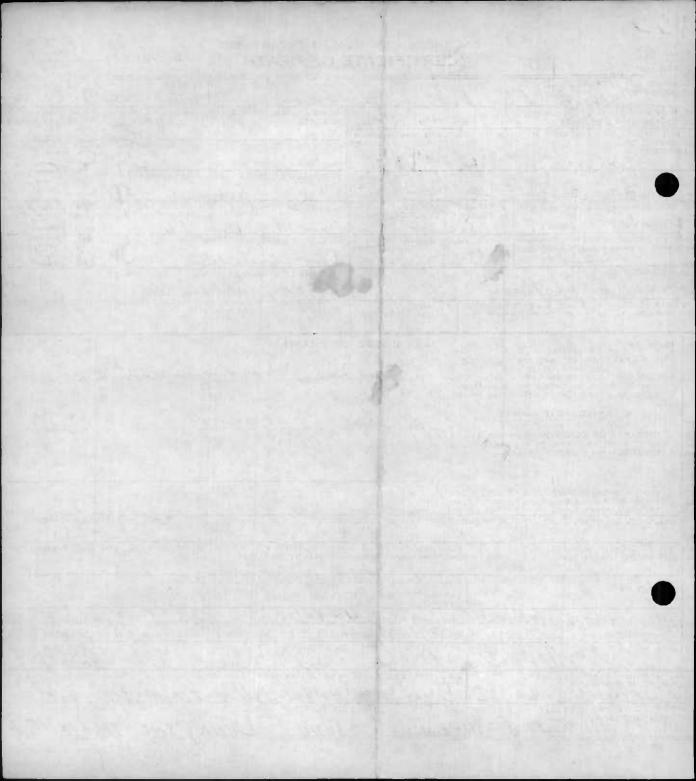


0 5583

BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 5583

BI	RTH NO.			EKITICAT	E OF DEATH		
	NAME OF D		C1 1	1/ //		2. DATE OF	
		EATH	1176he	the Ho	Ttme4	DEATH Z Where deceased lived.	If institution; residence
-					A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in nos	pital or institutio			f outside corporate li	mits, write RURAL and give
111	5	1. Tosenh	· Ho	bital.	Baltimora	- 2	4-07 township)
-				Yrs.	D. STREET ADDRESS (1	f rural, give location)	
_				Days	1 418 Grin	da 11 3	14.
5.	SEX		WIDOWE		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
1	remale		W.L.		Nov. 17, 1873	76	
orl	done during most o	of working life, even if retir	ed)			foreign country)	12. CITIZEN OF WHAT COUNTRY?
1.3	FATHER'S N	JAME			14 MOTHER'S MAIDEN A	ter "X	U.S.A.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	as Halo	10.0 =		1 0-	/	
15	. WAS DECEASE	D EVER IN U. S. ARI	MED FORCES?	16. SOCIAL		0000	ADDRESS
Ye	s, no or unknown)	(If yes, give wer or d	ates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	18, 14	11 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	7		N DIRECTLY	CAUSE	OI BEATH		DNSET AND DEATH
		LEADING TO DE	EATH	(A) Car	lia deros	nemant	tim 6 km.
	heart failu	re, asthenia, etc. It r	neans the disease,			0	
				/	1. 60		1440
2				(B)U	veno Jean	710	195
=	RISE TO T	HE ABOVE CAUSE	A) STATING THE				
5	UNDERLY	ring Condition	LAST.				
_		11		(C)			
2							
3	TO THE D	ISEASE DR CONDIT	DN CAUSING IT		PAZIONI		1 20 AUTORGY2
Ļ	19A. DATE C	of OPERATION O	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
3						(If in Baltimore Cit;	
1	HOMICIDE	(Specify)	about nome, las	m, factory, street, onice bidg.	etc.) INJURY OCCURY		
2		(Month) (Day) (Ye	ar) (Hour) 2	IE. INJURY OCCURE	ED 21F. HOW DID INJUF	Y OCCUR?	
						0 -	
	22. I herch	y certify that I	attended the d	leceased from	19 1950, to	June 2/, 19	Lythat I last saw the
			19 <u>50</u> , a			the causes and on	
	23A. 510NA	TURED 11	1.011	mi	23B, ADDRESS	· may	239. DATE SIGNED
2	4A. BURIAL.	CREMA- 248. DATI	neur 12	4C. NAME OF CEMET	ERY DR CREMATORY 24D.	LOCATION (City, to	120
TI	ON REMOVAL (S		1-17-	Dan Dock	(max 11 a) 11/2	PETMINIC	TOD INN
D			R'S SIGNATUR	RE THE	25. FUNERAL DIRECTOR	SIMINIS	ADDRESS
L	JUN 74	1950 Hand	to Will	ANIE AR	SOON F. DO	VNV INC	715 LIGHT SI.
-	VS 150		8		your just	1	
		ACC OF CARNETS ALCONOMINATION ACT OF CARNETS ALCONOMINATION Altimore City Maryland Jt., Joseph's 15 5p. ALL NAME CITY OR TOWN (If outside corporate limits, writ location) LL NAME OF (If not in hospital or institution, give street addates or location) LL NAME OF (If not in hospital or institution, give street addates or location) LL NAME OF (If not in hospital or institution, give street addates or location) LL NAME OF (If not in hospital or institution, give street addates or location) LL NAME OF (If not in hospital or institution, give street addates or location) LL NAME OF STREET ADDRESS (If rural, give location) LL NAME OF STREET ADDRESS (If rural, give location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside corporate limits, writ location) LL NAME OF OLD TOWN (If outside occuping) LL NAME OF OLD TOWN (If ou		950			
							/



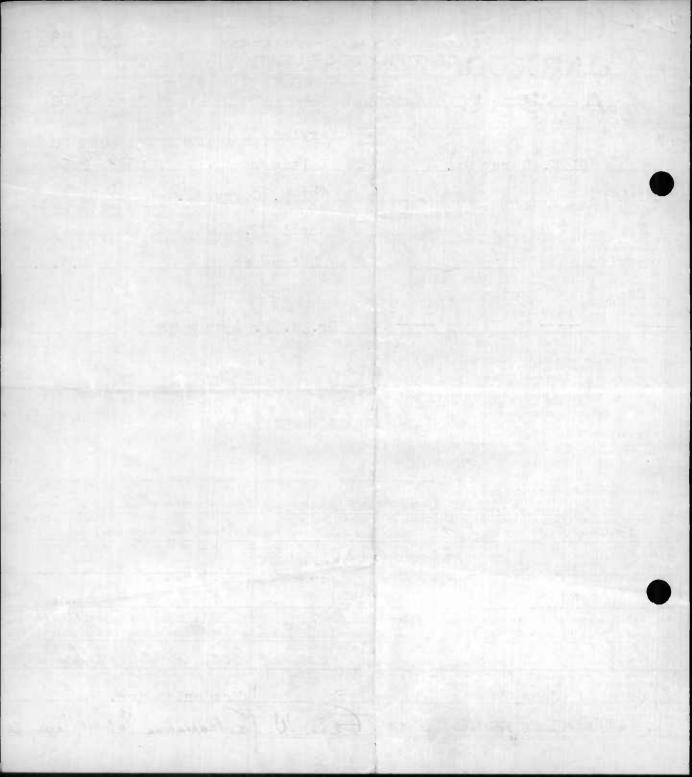
50 5584

BALTIMORE CITY HEALTH DEPARTMENT Registered No.__ CERTIFICATE OF DEATH I NAME OF DECEASED 2. DATE (Type or Print) OF Elizabeth Lazauskas DEATH June 20 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 21 N. Carev St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos eth of stay in Baltimore 21 N. Carey St. Days 9. AGE (In years I Under I Year Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) April 22, 1890 60 Widowed OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benedict Maldutis Unknown 15. WAS DECEASED EVFR IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. P. Lazauskas 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONanewa maludretion TRIBUTING TO THE DEATH, BUT NOT RELATED menuoua TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198 MAJOR FINDINGS OF OPERATION retroperstone Carconoma 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, ZIC. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK 1949, to 20 Kesse 19 20 that I last saw the 22. I hereby certify that I attended the deceased from. deceased stile on 19 Kine 1950 and that death occurred at 3 2.m. from the causes and on the date stated above. 23A. SUSNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City/town, or county) Burial Park Frederich Ave. Loudon DATE RECEIVED BY 25. BUNERAL DIRECTOR ADDRESS, REGISTRAR'S SIGNATURE OCAL REGISTRAP

VS 150

" , FIRE OFB

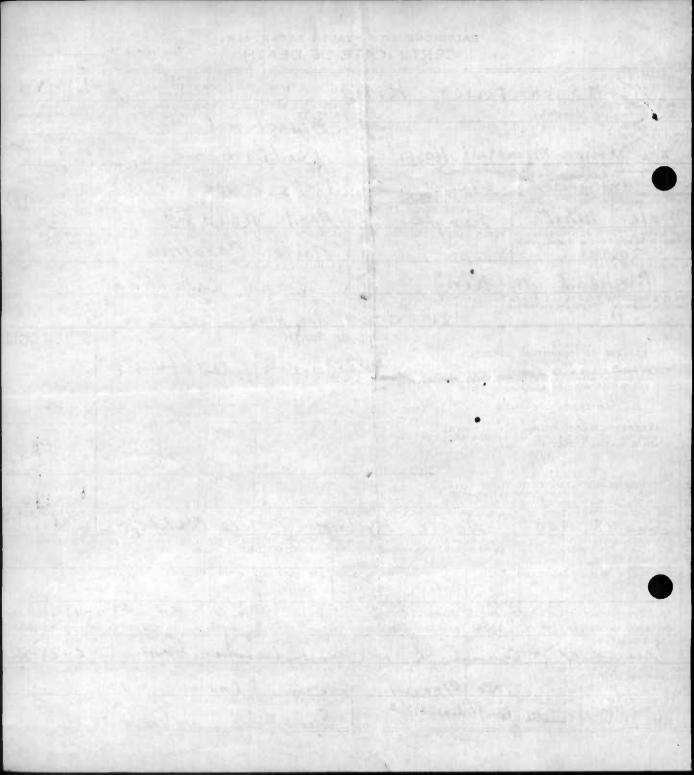
were the wind production, we will be the second



50 5585

Registered No.

BIRTH NO.	
Type or Print) Roger Prior Kins	2. DATE OF 6-12-50
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. SIATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland
The Union Memorial Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
Experimental description of Stay of Mos. Days	Kelly Place (1112)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 10 Under 1 Vest 10 Under 24 Hours last birthday) Months; Days Hours; Min.
6. COLOR OR RACE Note of Single Married. Widows Divorced (Specify) April 1887 63 White Single Married Months Days Hours Min. USUAL OCCUPATION (Givekind of love during most of working life, eyen if retired) Father's Name Richard M. King 7. SINGLE, MARRIED. WIDOWSCED (Specify) April 1887 63 10. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. 4. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. April 1887 63 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? North Carolina 14. MOTHER'S MAIDEN NAME April 1887 63 14. MOTHER'S MAIDEN NAME April 1887 63 15. CITIZEN OF WHAT COUNTRY? North Carolina 14. MOTHER'S MAIDEN NAME April 2887 63 18. Moder 19 1887 63 19. AGE (In years last birthday) Months Days Hours Min. April 1887 63 10. CITIZEN OF WHAT COUNTRY?	
	WHAT COUNTRY?
3. FATHER'S NAME	
Richard m. King	Zara Walker
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL 7558	17. INFORMANT ADDRESS
	Rufus KINO 703 Berry ST
18. 586X , CAUSE	
	1 . 0.01
(This does not mean the mode of dying, e.g.,	Non but Per
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
11(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 2 19B, MAJOR FINDINGS OF OPER	ATION LOSS AND
June 18. 1950 Acute Hyd	ros & Gall Bladdes YES V NO 1
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c. g., in HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	
	MOON! GGGN!
JURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	red at 10.50 to 6 - 22, 190, that I last saw the
	rred att pr., from the causes and on the date stated above. 3B. ADDRESS 23c. DATE SIGNED
murhell rame & M.D.	un hammeltog 6-23-90
24A. BURIAL, CREMA- 24B. DATE 24C. AME OF CEMETE ION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAT'S, SIGNATURE	Cenetery Laure Md. 25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR'S SIGNATURE	01 404
and the state of t	Blenn J. Seif 814 West 36 St.
VS 150	05 1293



Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES BERNARD WILLINGHAM OF June 23, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Wyman Pk. Drive & 31st St. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2001 Cliftwood Ave. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) 9/28/91 Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTR Md. Salesman USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry G. Willingham Carrie Schly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO Records- US Marine Hospital, Balto, Md. Yes 218-05-1628 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Hypertensive cardiovascular disease Unknown heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cardiomegaly Unkn own DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Nephrosclerosis Unknown 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED JURY NOT WHILE WHILE ATT WORK 22. I hereby certify that I attended the deceased from June 12 1950, to June 23 , 19.50, that I last saw the deceased alive on Jung 23 0, 19 50 and that death occurred at 10:10 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED John L. Wilson, US Marine Hospital, Balto, Md. Medical Director 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 2/4B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) SUYIAL DATE RECEIVERANT LOCAL REGISTRAN DATE RECEIVED BY 25. FUNERAL DIRECTOR

VS 150

	HILL SECTION AND THE SECTION			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		11. Dr. 1		
			facilities of the	
	faul (
٨	.60			
			. M h •	GAASII
forms	Les logor en tolt de -entrope!	20 1 1 1		603
W W C	the second to be a second	altred ST		
		erein		
14-1-1T	algus fo			
	, V			
We-				
	to:or	viet.	oc comb	
1 = 1 3		7*	•	Led
	Control of the Contro			

Type or Print)

1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

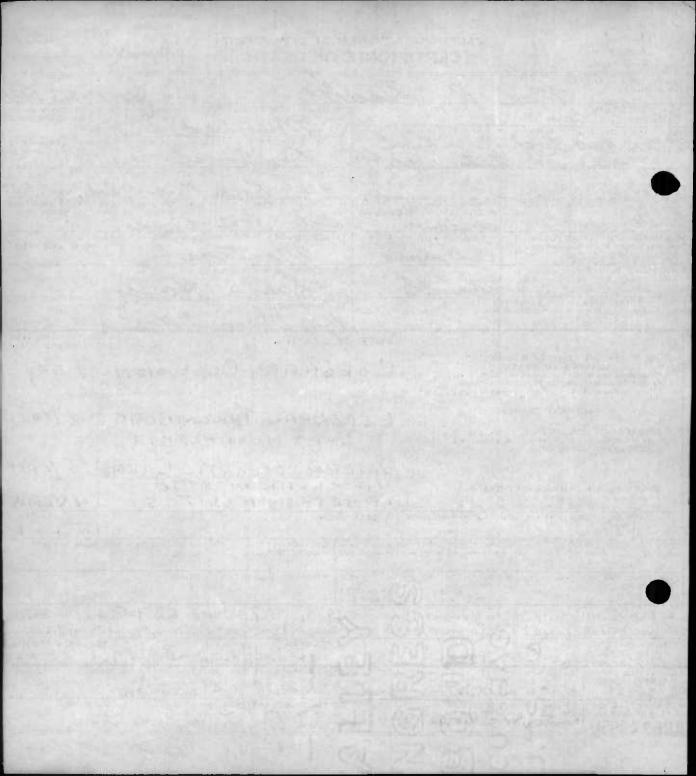
4. USUAL RESIDENCE

	50	222
egistered	No	

2. DATE

OF DEATH

3. PLACE OF DEATH: (Where deceased fed. If institution: residence A. STATE A. Baltimore City, Maryland before admission) (If not in hospita) or institution, give street address or B. FULL NAME OF HOSPITAL OR 4204 Lock Raven Blockation (If outside corporate limits, write RUPAL and give (If rural, give location) D. STREET ADDRESS Mos. th of stay in Baltimore Days last birthday) Months Days Hours Min. S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED OF BIRTH WIDOWED, DIVORCED (Specify) 58 urs widow OA. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign counter 12 CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housevile 3. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., CORONARY OCCUSION heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CEREBRAL THROMBOSIS 7 YEARS DISEASES OR CONDITIONS, IF ANY, GIVING LEFT HEMIPLECIA RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. VASCULAIL DISEASE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED DIABETES NECUTOS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS NONE 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from SEPT. 6, , 1947, to JUNE 23, 1950, that I last saw the deceased alive on JUNE 72, 19.50, and that death occurred at 10.30 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A-SIGNATURE 6-23-50 BURIAL, CREMA-REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR VS 150 reto. Md. 61



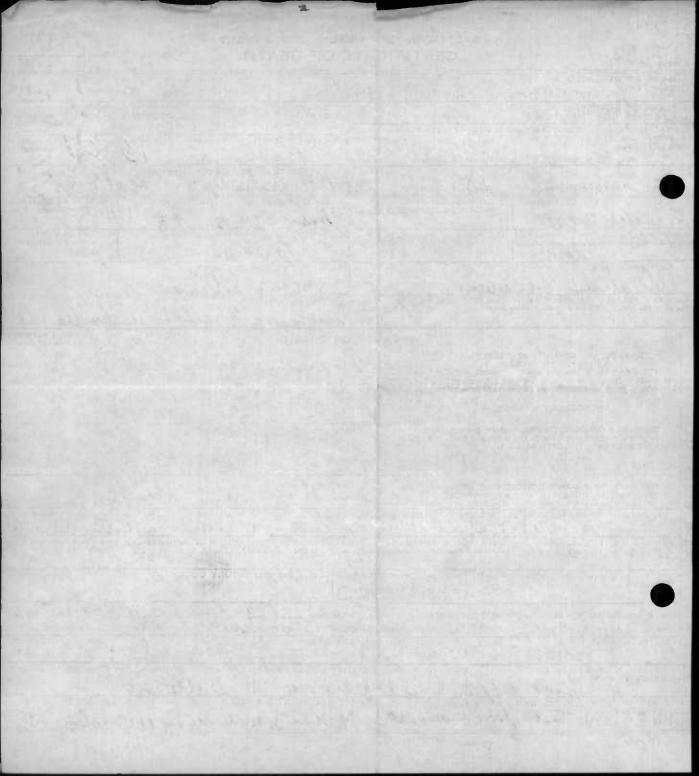
LIOO CERTIFICATE CURRECTED.	6-28-50		
50 5588 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print) Anna Nowy (NOVY)	2. DATE June 23, 1950. OF DEATH JUNE 23, 1950.		
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Mastitution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Maryland Gen-Hosp.			
d yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 672/ Belair Road		
7. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years I Under I Year If Under 24 Hours		
10A. USUAL OCCUPATION (Give kind of ork dooe during most of working life, even if retired) HSW 10B. KIND OF BUSINESS OR INDUSTRY	maryland Us.a.		
13. FATHER'S NAME Albert Workner Wohrna	alie Van seuberg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Lys. John C. Liggel 6721 Belin Rd.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH INTERVAL BETWEEN ONSET AND DEATH Sive Cerebral thrombosis 9 mas.		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH CAUSE OF			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MHILE AT WORK AT WORK			
23A. SIGNATURE DA Mehr M. D.	ADDRESS ADD		
24a. BURIAL, CREMA- 24B/DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or country) (State)			
DATE RECEIVED BY RESISTRAR'S SIGNATURE LOCAL REGISTRAR HIN 9/ 1950 Turtuston Williams, Maria Lass hin Annual Ham, 7401 Belain Pd.			
JUIVS 450	833		

STIPLO BELL

36.75 A STATE OF THE PARTY OF THE PAR SFF _ FF Lairlean . 6721 Fresh Yord and water Control of the world the world Account the first the second

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF KOSENBAUM BERTHA DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. ADDRESS (If rural, give location Mos. gth of stay in Baltimore Days MARRIED 6. COLOR OR RACE 7. SINGLE Il Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Mores 13. FATHER'S NAME NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS' CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION Caremona 20 A. ACCIDENT, SUICIDE 218. PUACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE 1950 to Jame 23, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ Que 23, 19 50, and that death occurred at 3:51 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 6.23.50 24A. BURIAL, -CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE

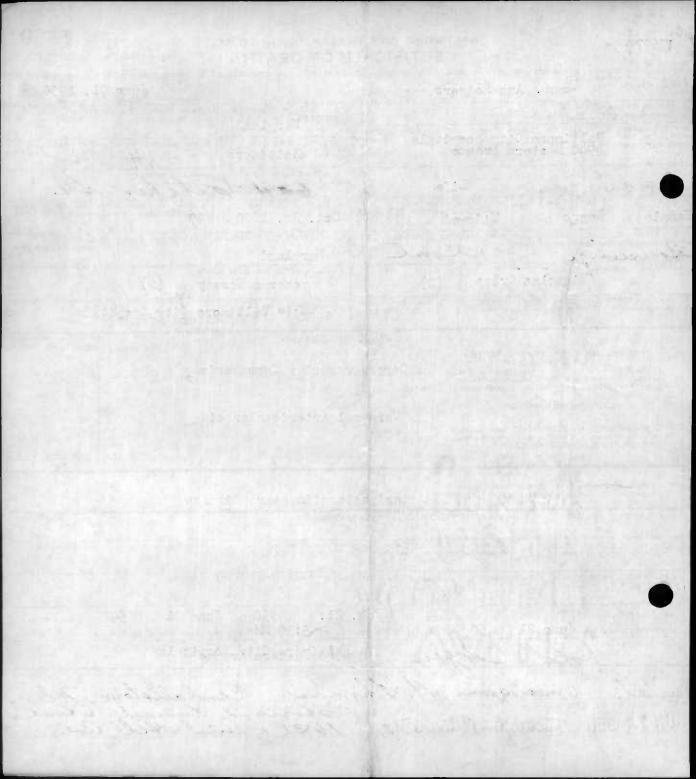
いっないとはなるのであると



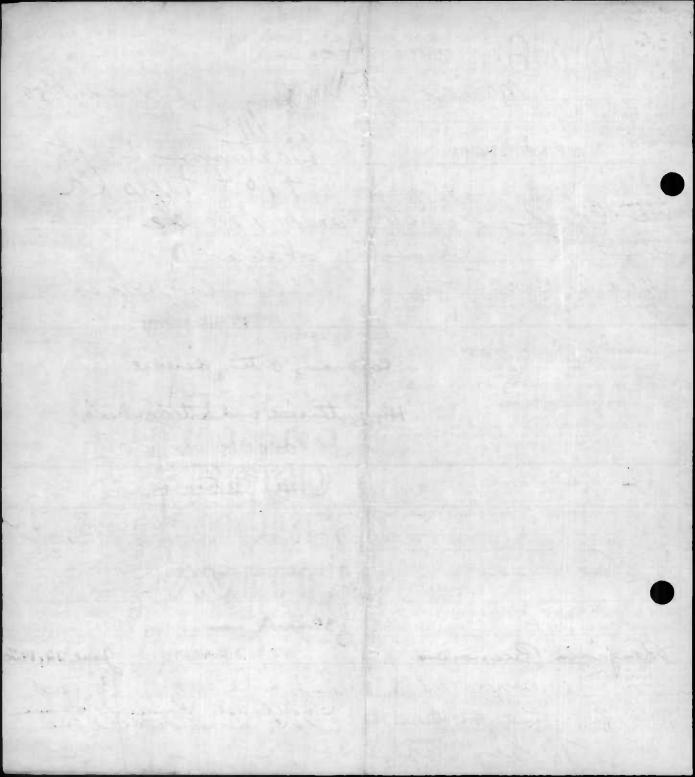
5590

війти NO. 5550 Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Sarah Ann Rodgers June 21, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. Life gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED DIVORCED (Specify) 7 dast birthday) Months Days Hours Min. Negro Oct. 28, 1870 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? Maryland usewege 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Cross (D) eneran Dorsey (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 13. SOCIAL Records Loto Eastern Avenue SECURITY NO. 18. 332 X CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cerebrovascular Thrombosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Cerebral Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Arteriosclerotic heart disease TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Feb. 21. , 1950, to June 21 , 19 50 that I last saw the deceased alive on June 21, 19 50, and that death occurred at 5:30 RM from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED imore City Hospitals BURIAL, CREMA-248, DATE (State) ON, REMOVAL (Specify 6-25-1950 REGISTRAR'S SIGNATURE RECEIVED BY

VS 150



Med. Erlan Case		En	Po Pu S .
30 h BALTIMORE CITY HI	EALTH DEPARTMENT	50	5591
		egistered No	
1. NAME OF DECEASED (Type or Print)	2. DAT		19/20
3. PLACE OF DEATH:	4. USUAL RECHENICE Where dece	ased lived. If institution	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or		COUNTY bef	ore admission)
HOSPITAL OR INSTITUTION IONNS HOPKINS HOSPITAL	c. CITY OR TOWN 4 H outside co	orporate limits, write RU	JRAI and give township)
Yrs.	D. STREET/ADDRESS (If rural, giv	e location)	7
ngth of stay in Baltimore 3 5 yrs. Days	1 4/84 To	celo Kd	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. (Specify)	8. DATE OF BIRTH 9. AGE	(In years Under Year birthday) Months Days	Il Under 24 Hours Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	May 7, 1888 6	2	
ork done during most of working life, even if retired) Auuslaus Anne			T COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME	. 0 - 1	
Charles Carrenostin	(and and a	12/11	
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS	
	TOHRS HOPKIRS HOS	PITEL	
	OF DEATH		VAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	man rate des	1000	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(a) Hynoc	stences and arte	cordense	**********************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(c)	CERTIFICATION APPRO	VED BY	****************
11	Dr. John R. Dav	is	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	per: 0 > bush	M. D.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	CHIEF OR ASST MEDICAL BY		AUTOPSY?
		YES	No 🗹
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		imore City, give exact	location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	ED 21F. HOW DID INJURY OCCUR	?	
m. WHILE AT NOT WHILE ME AT WORK			
22. I hereby certify that I attended the deceased from	DO (5, 19 , to	, 19, that I	ast saw the
deceased alive on 19, 19, and that death occur			
Benjamin Bungues M.D.	ADDRESS 10HIS HOPKINS HOSPIT	23c. DA	TE SIGNED
24A. BURIAL, (REMA- 24B. DATE 24C. NAME OF CEMETE		(City, town or county)	(State)
Barral 6-24-1950 arbutus me	m Sark Ball	(4)	7 1
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Here I was a second	muse .	no.
LOCAL REGISTRAR	25. FUNERAL DIRECTOR	and ADDRES	No.
JUN 74 1950 Thurstyngton Milliams, Miss 1	25. FUNERAL DIRECTOR 163/ Druit	Trill a	Vene
VS 150 VS 150 VS 150	25. FYNERAL DIRECTOR 163 Armin	Thill a	Kome La



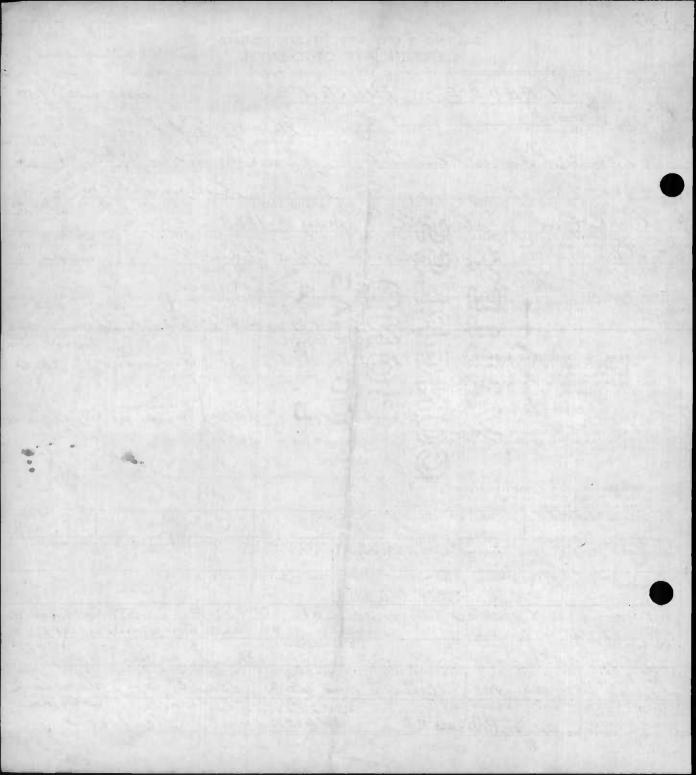
50 5592

7	000%	BALTIMORE CITY H	EALTH DEPARTM		C) C) C) CO
	IETH NO	CERTIFICAT	E OF DEATH	Registered No.	
	IRTH NO.				
	NAME OF DECEASED Type or Print)		001-0	2. DATE	
	IFEL	DDIE AA	RRIES	DEATH fune	0202,1950
	PLACE OF DEATH:			ICE (Where deceased lived. If inst	
	Baltimore City, Maryland		A. STATE	1. JOUNTY	before admission)
	FULL NAME OF (If not in hospital or OSPITAL OR	r institution, give street address of location		ry land	
N	STITUTION SA	• 0	c. CITY OR TOWN	(If outside corporate limits, w	rite RURAL and give township)
	1525 ldm	unden line.	Dal	Unione 17	
Ę		Yrs.	D. STREET ADDRES		
	ngth of stay in Baltimore	Mos.	1525	1 Danielo	and and
5		Days SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under	1 1 Year If Under 24 Hours
_		WIDOWED, DIVORCED (Specify		last birthday) Months	
1	male coured	Single	may 3, 18	65 75	
C	A. USUAL OCCUPATION (Give kind of 10 kdone during my stell yorking life, even If retired)	B KIND OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country) 12.	CITIZEN OF
7	Sove during marcel yorking life, even li retired)	LOAN THOUSTR	1 Uhr to	- henre G1 1/4	WHAT COUNTRY?
3	B. FATHER'S NAME	offi. wire	14. MOTHER'S MAIL	May -0. 0 - 1	isa.
_	TATHER S NAME	0	14. MOTHER'S MAIL	DENNAME	
	ilmenor	ion	Un	1 cnown	
5	. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL	J7. INFORMANT	ADDF	PESS /5.2 4-
е	(If yes, give war or dates of se	SECURITY NO.	7. 80. 1	4.1.	1 1 1 0
_	- 100		Nes. Mizah	ech Julie la	minden Que
	18. 153 X .	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	PECTLY (1 - 1	a Chitaga	last in	ONSE! AND DEATH
	LEADING TO DEATH	acceptance	e onusuu	ias overruelina	12 days.
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ying, e.g., (A)			1
	injury or complication which cause	ed death.) DUE TO			/
	ANTECEDENT CAUSES		17 19 19 19	P O minti	1
	ANTECEDENT CAUSES	Carc	noma of	ars, taleshine	hulenon
	DISEASES OR CONDITIONS, IF AN	NY. GIVING	······································		
1	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE DUE TO		V	
	UNDERETING CONDITION LAST.				•
1		(C)			
	. 11				
	OTHER SIGNIFICANT CONDITIO				
,	TO THE DISEASE OR CONDITION CA				
ı	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
1					YES NO
	21A. ACCIDENT, SUICIDE. 2	21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DIE	(If in Baltimore City, give	exact location)
	HOMICIDE (Specify)	out home, farm, factory, street, office hldg	.,etc.) INJURY OCCUR	7	
	210. TIME (Month) (Day) (Year) (Ho			NJURY OCCUR?	
		m. WHILE AT NOT WHILE	E	^	
			. 6 4 0.45	to June 2 2 1950+1	
	22. I hereby certify that I attend	tou the accoused from	ML al , 1900,	, 105, 0	hat I last saw the
	deceased alipe on the sol, 19	9. 2. and that death occu	erred at 3 Fm., f	from the causes and on the o	late stated above.
	23A. SIGNATURE		23B. ADDRESS	1 1 12	3c. DATE SIGNED
	John V. Zar	M.D.	525 W. A	and use, we	6/23/00
2.	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOCATION (City, town, or o	county) (State)
11	ON REMOVAL (Spectry) 6- 25-19	750 arbutus	hem. Gaste	Bulli Co. The	naruland
1	mung -			Account of	odether o
	ATE RECEIVED BY REGISTRAR'S STOCAL REGISTRAR	IGNATURE	25 JUNEAU DIREC	My Junetal A	- Marine
	WIN 9 / 1050	Villianilla Millian	1634 10	and will	enl.

いってんというからかんないといいははなるという

VS 150

46E



6-28-50 5593 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A STATE

B. COUNTY Defore admission) 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If ow side corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITHI D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6 COLORIOR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min. marriad IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life even if retired) INDUSTRY WHAT COUNTRY? LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nora Summonds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITEL INTERVAL BETWEEN CAUSE OF DEATH . ONSET AND DEATH DISEASE OR CONDITION DIRECTLY DUE TO Characterized by sombulance Paneytopenia, fever. LEADING TO DEATH 10 mos (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK s 1950 . 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 6/23 19, and that death occurred at ml, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A BURIAL CREMA-24B DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SJGNATURE 25. EUNERAL DIRECTOR 98496 VS 150

third agreement there - 10 mes the second second second second second second , or principle of the second 100 / 3 1 Tool

5-524

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 5594 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MUL 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Most ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) NDUSTRY WHAT COUNTRY? asluvalle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE - 1950, to hime 23, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Hune 3 deceased alive on 21, 1950, and that death occurred at 5-P.m., from the causes and on the date stated above. 23A. SIGNATURE 23c, DATE SIGNED learn rey 24A. BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

5595

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Irene B. Reilly DEATH 6-22-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 04 Harwood Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. ngth of stay in Baltimore 504 Harwood Ave. Days 6. COLOR OR RACE 9. AGE (In years 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. Female 11-9-1871 78 White Widowed 10A. USUAL OCCUPATION (GivekInd of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Housewife INDUSTRY WHAT COUNTRY? Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William W. Dorrett Laura Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Charles F. Longley Chartr Oak 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Arterioscleratic Cardio-LEADING TO DEATH (This does not mean the mode of dying, e.g., Jascular Discase. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Sclerosis wil TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 1946 to June 1950 that I last saw the 22. I hereby certify that I attended the deceased from My deceased alive on 144 to 1950 and that death occurred at 11 1. m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE ma 28, 1930 24A. BURIAL. CREMA-TION REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Holy Redeemer Md. 6-26-50 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE MUNERAL DIRECTOR

acromographic and action a

VS 150

LOCAL REGISTRAR

3000 E. Baltimore St.

The state of the state of The Control of the Co

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5596

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) June 24, Sr. M. Philiberta Recktenwald OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Notre Dame of Md. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 67 4+S. 4701 North Charles ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) H Under ! Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White FC 6.15, 1860 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Buffalo, N.V. Teacher U.S.a. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Micolaus Rectenwald Elizabeth Schmider 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. Sr. M. Peter Fourier NTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING - 3 ym dentin RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE! WHILE ATT WORK . 195 Chat I last saw the 22. I hereby certify that I attended the deceased from. 1 av 1. 19___, to_ deccased alive on , 19 Oand that death occurred at_ m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REDISTRAR'S SIGNAMURE. **ADDRESS** LOCAL REGISTRAR V\$ 150

Netershame at Marie ...

Med-Exams Case	V 50 5597
11 - 11 12 - 11 - 1 - 1 - 1 - 1 - 1	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print)	dges DATE DEATH USANG 24 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 3 bins - 90%	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION ONE HOPEIRS HOSPITE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify, 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11-25-46 36
ork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER N D, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS SONES HOSPITAL
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	liac Arrest during renation for genital Heart Disease
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, (arm, factory, street, office bidg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on	rred at 9 m., from the causes and on the date stated above.
	10HAS HOPKINS HOSPITAL 230 DATE OF THE
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Shipment & 6/24/50	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	John O.Mitchell & Sons, Inc1900 Eutaw Pl.
To be approx. Ly Wed E gaw	INTE 157E

THE RESIDENCE OF STREET Carclice Anterdamin Palmaric Tenois Jal Papana 25/31/4 Constitution of the light of th as the said to the said the said of the said the

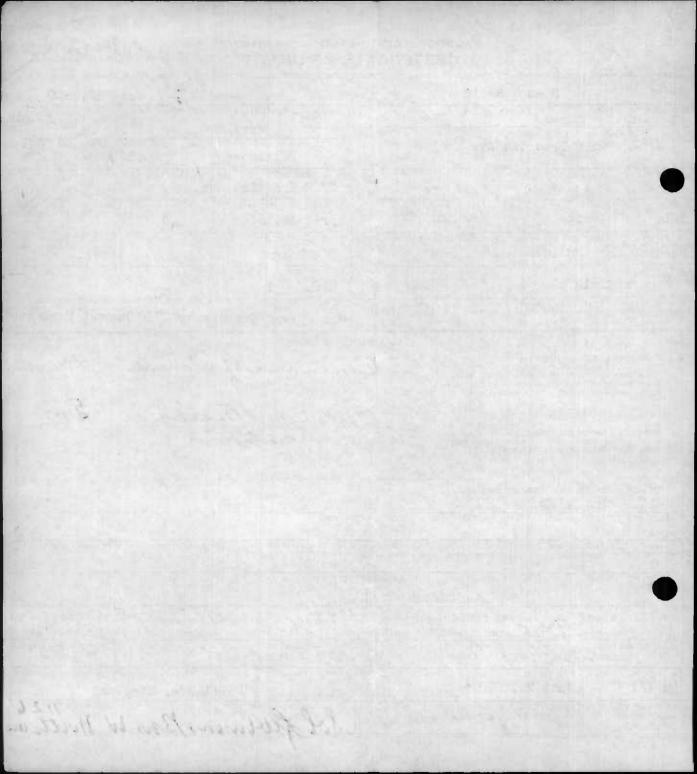
K-450

5598

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5598

BIRTH NO. DU DOUG	CERTIFICATI	E OF DEATH	Registered No. 2000
1. NAME OF DECEASED (Type or Print) Samuel	Klein	2	DATE OF June 23,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	al or institution, give street address or	A. STATE	DEATH JUNE 23, 1300 e deceased lived. If institution: residence B. COUNTY before admission)
HOSPITAL OR 2322 Braddis	Inantion)		side corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rure 2322 Braddish Ave	il, give location)
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED. WINDOWED DIVORCED (Specify)	April 10,1882	AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of opt done during most of working life, even if retired) Parking Lot Business	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Poland	12. CITIZEN OF WHAT COUNTRY?
Gigdor Klein		14. MOTHER'S MAIDEN NAMI Leah ?	
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Mrs Sylvan Warshaw	sky 2610 Forest Park Ave
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of t	f dying, e. g., ns the disease, aused death.) DUE TO SES (B) STATING THE DUE TO	eknisnis Des	
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	TIONS CON-		
	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg.,		Baltimore City, give exact location)
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		CCUR?
22. I hereby certify that I att deceased alive on 123/50 23A. SIGNATURE	, 19and that death occur	1944 19 , to 4 rred at 8 m., from the 138. ADDRESS When the	, 19-0, that I last saw the causes and on the date stated above.
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	ATION (City, town, or county) (State)
	S SIGNATURE	Cong. Baltin	nore, Maryland ADDRESS 1/26 ARAC W North and
VS 150	as a second and the s	84	468



H-655 5599

BIRTH NO.

1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5599 Registered No.

1. NAME OF DECEASED (Type or Print) JULIUS HER MAN	DEATH JUNE 24 BIO
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CIT OR TOWN (If outside corporate limits, write RURAL and give
WEST BALTO GEN. HOSP	taltumore 13-02 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	8, DATE OF BIRTH 9, AGE (In years If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Alswanes agent	ounty Ma
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	bella,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, nn or nnkunwn) (If yes, give war nr dates nf service) 16. SOCIAL SECURITY NO.	Shurley Herman Paul
	70,0
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	I hypeardial selection.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	D rayorarail system.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	15040
DISEASES OR CONDITIONS, IF ANY, GIVING	SCUP
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
S S S S S S S S S S S S S S S S S S S	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	offer MINITERS
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20, AUTOPSY?
I ISA. DATE OF OPERATIONO I ISB. MAJOR FINDINGS OF OPERA	YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	nr 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about hnme, farm, factory, street, office bldg., et	injury occur?
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certfy that I attended the deceased from	123, 150, to June wf, 19 50, that I last saw the
deceased alive on the 24, 1900 and that death becur	
	38. ADDRESS 230 ATE, SIGNED
M.D.	W126-61 0 124 NO
246. GARIAL, CREMA- 248. DATE 24C. NAME OF CEMETER TON, REMOVAL (Specify) 6 75 40 COLLEGE	RY OR CREMATORY 24D. LOCATION (City, pown, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS PADDRESS
way a 6 2050	TEK sewis se 2100 Gulan 12
JULY 5-150 1990 1990 1990 1990 1990 1990 1990 1	
274.	80

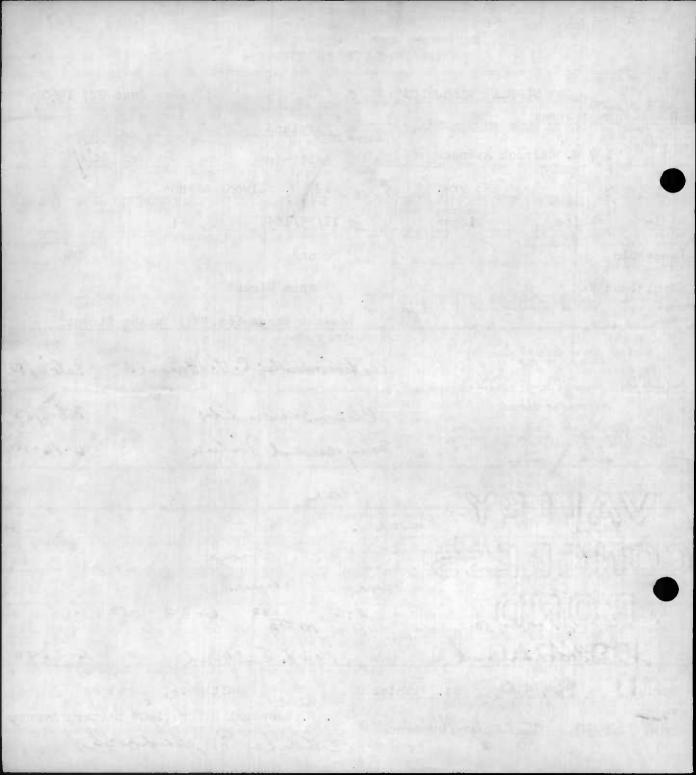
THE WAR CONTIN

VS 150

50 - 5600

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ... BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF SOPHIA WANCOWICZ DEATH June 22, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 127 N. Ellwood Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 45 yrs. ngth of stay in Baltimore 127 N. Ellwood Avenue Days 9. AGE (in years | | Under | Year | | Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 11/25/1888 Widowed Female White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Household Poland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stanislaus Zak Anna Michno 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. No Joseph Wancowicz, 3003 Hudson Street INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arkision denotei C. V. Slace LEADING TO DEATH tel- 6/50 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chimi keyruditi DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE readed Failure UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-LYING OF CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUPY about hore, farm, factory, etreet, office bldg., etc.) 10. TIME (Month) (Day) (Year) (Hour) 21F. HOW_DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY 2 POT WHILE hom. WHILE AT WORK 1956, to 6-32, 1950, that I last saw the 22. I hereby certify that I attended the deceased from 2-6 . and that death occurred at 10 4 deceased alive on 6 - 22 1950 Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED C-23-50 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, to LA AECAUDIV) Burial 6/26/50 St. Stanislaus Baltimore, Maryland 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR F. Sadowski & Sons 1808 Eastern Avenue



C-455 50 5601

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5601

BIRTH NO.	ERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED			2, DATE	
(Type or Print) Laura Colem	Clan		OF DEATH	23/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution: residence before admission
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	give street address or location)	Manyland		
INSTITUTION Mary land yearen		c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
7	II. (Yrs)	D. STREET ADDRESS (If a	/3 - (19
agth of stay in Baltimore	46 Mos.		er Terran	# 16
5. SEX 6. COLOR OR RACE 7. SINGLE, I	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Un	der I Year If Under 24 House hs Days Hours: Min.
	ori ed	2-2-1888	6 2	ds Days Hours Will.
	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo.	reign country) 12	2. CITIZEN OF
Housewife	INDUSTRY	West Virgini	a	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.0.4
William A. Chapline		Ida M. Co	ookus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 Yes, no or uoknowo) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
ho		William J. Col	eman MDas	about
18. 204,0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	01	. 1 +.	11 .	
(This does not mean the mode of dying, e.g.,	(A) Chr	onic lymphalic	eulemia	overign
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	into anasarc		
ANTECEDENT CAUSES		anemia		
	(B)	/()///(-0		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED	Luco Teno	up Cardiovas	culy-disease	unkhoun
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER			20. AUTOPSY?
				VEB MP
	E OF INJURY (e. g., in 1, factory, street, office hidg., e		f in Baltimore City, give	e exact location)
2	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	LE AT NOT WHILE			
	ORK AT WORK	- 22	6-23	
22. I hereby certify that I attended the de deceased alive on 6/23 1950 an		- 22 1950 to		hat I last saw th
	d that death occur	3B. ADDRESS	ne causes and on the	aate stated above
Mayuente Louisa Car	Der M. D. 7	noughand gener	al Hospital	6 23 50
24A. BURIAL, CREMA- 24B. DATE 240	C. NAME OF CEMETE	RYOR GREMATORY 240 10	CATION (City, town, or	county) (State)
Burel 6/26/50	Chnerock	Cent Sh	ephudlown	· N. Ug
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	A CI A	DDRESS
IN 251950 Huntageton	Musica 13	Harry 7.	Withou 41	DI Colmonder
VS 150	111000 MA 111 Late			Carl
2017	litera principal principal principal		140	L ave
			11	

Trionales Contains Charleson berein STATE OF THE STATE La mande et la serie de la ser Aller Oct Law na Trans & Beitily Sun Sk. Ob Salakam at a receipt S THE ST. P. AV. IT. ST. Secretary and the second ----COLUMN LINGS OF THE LAND OF THE PARTY OF THE

5602

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased I ved. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland . COL before admission) (If not in hospital or institution, give street address or B. FULL NAME OF timore HOSPITAL OR location) (If outside corporate limits, write RURAL and give Yrs. ADDRESS (If rural, give location) Mos. rth of stay in Baltimore Days 6. COLOR DE RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | H Under 1 Year | II Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) down 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARM TO FORCES? (Yes, no or unknown) (If yee, give war or dat a of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO NTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO struction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1957 that I last saw the 22. I hereby certify that I attended the deceased from. 19 50, and that death becurred at B:24 Tm. deceased alive on from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City TION REMOVAL (Specify) Jusial Kine 26 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

VS 150

12210

Oney moderniette June 32 1950 grand Home · LSEE1 Y

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH .. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 6 dward DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland 350 A. STATE (If not in hospital or institution, live street address or B. FULL NAME OF HOSPITAL OR location) C. CLTY-OR TOWN .

50 5603

Registered No. 4. USUAL RESIDENCE (Where deceased lived If institution : residence B GOUNTY before admission) (If outside corporate limits, write RURAL and give INSTITUTION tdwnship) Faltemore Yrs. o. STREET ADDRESS. (If metal, give location) Mos. th of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8 DATE OF BIRTH AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIYORCED (Specify) 10A. USUAL OCCUPATION (Givakindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRA etires tarmer 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO. 422.1 TERVAL BETWEEN 18. CAUSE OF DEATH SINSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Sinterios clero lie Cardes-voseheart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION OPERATION 198 MAJOR FINDINGS OF 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from March, 1950 to Jule 22, 1950, that I last saw the deceased alive on Quue 22, 1950, and that death occurred at 12:15 Pm., from the eauses and on the date stated above. 23A. SIGNATURE. 23B. ADDRESS 23c. DATE SIGNED 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 248 DATE 24C NAME OF CEMETERY OR CREMATORY nerial ATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

Dr. Harts 191 CHETTER BY CHEST HE WEST CONTROL AUGUST CONTRACTOR James LAMONDA

3	2	4	
0	711	660	i

BALTIMORE CITY HEALTH DEPARTMENT

	50	5604
nt awad	MA	

Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF FLORENCE KEMP MITCHELL DEATH JUNE 25 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 3605 Hay ware A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 3605 HAYWARD AVE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and vive INSTITUTION township) BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore SECE HAYWARD Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) MARCH TS T873 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 4.SA FREDERICK CO. VA. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH A. COLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MISS SARAH KEMP 3605 HAYWARD AVE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO caroles - Vascular ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK Home 25, 1950, that I last saw the 22. I hereby certify that I attended the deceased from May deceased alive on 4 5, 1950, and that death occurred at 1022, m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS June 25 1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL 6/28/50 NEWARK N. DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

- man 18 1/2 of any 1 47 19 19 19 19 19 19

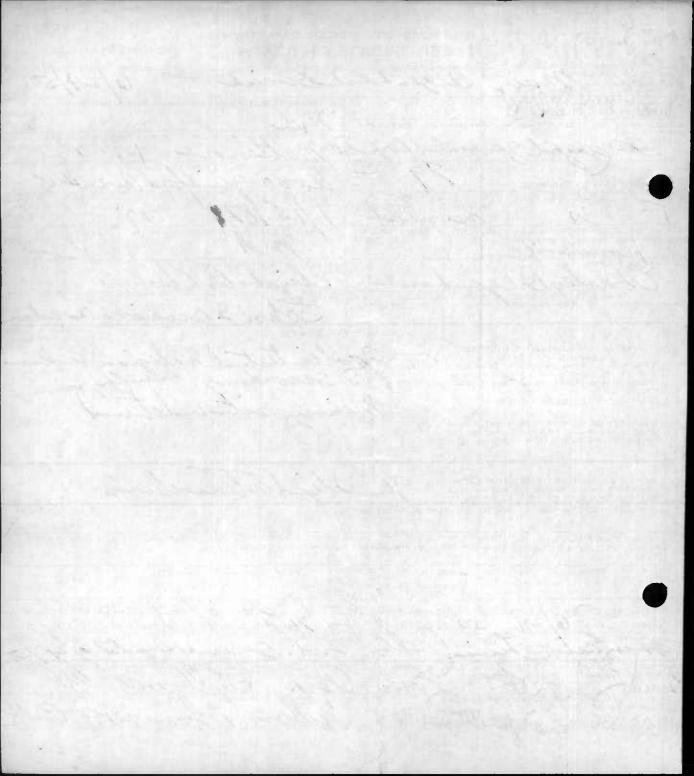
1 10 1000

50 5605	
BIRTH NO.	

CERTIFICATE OF DEATH

50 5605

10 5605 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	lo
1. NAME OF DECEASED	7	1 20	10.515	1
(Type or Print)	Algenhar	Dusuk	2. DATE OF	124/50
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived of	ingtitution , rapidan
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or insti	tution, give street address or location)			
INSTITUTION OF COME	- O // Totalion	C. CITY OR TOWN - ()	If outside corporate limit	s, write RURAL and give township)
The contract of the	raci program	Dallins	20 /2	-03 contents)
	79 Yrs.	D. STREET ADDRESS (I	f rural, give location)	1/ 200
cth of stay in Baltimore	Days	2500 gu	ulford (le	e #18
	GLE, MARRIED,	8. DATE OF BIRTY		Under 1 Year If Under 24 Hours
1 100	OWED, DIVORCED (Specify)	1115 187	last birthday) Mo	nths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KI	ND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY?
13. FATURES NAME		// 001		154
1 - 10 -	1 1	14. MOTHER'S MAIDEN I	AME /	
Charles Hele	bard	augunus	Memm	
15. WAS DECEASED EVER IN U. S. ARMED ORCES Yee, no or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	, AI	DDRESS
	SECORITI NO.	John S	Buck	a alms
18. 199.7	CALISE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI		OF BEATH		ONSET AND DEATH
LEADING TO DEATH	Char	Man total	I halle.	11.6
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e, g., (A)	- Comment		7
injury or complication which caused de	ath.) DUE TO	seco-dar	2 ming	4
ANTECEDENT CAUSES	D.		14	- /
	(B) ///	nou sell	- adella	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING				***************************************
UNDERLYING CONDITION LAST.				
	(C)	,		
and the same of th		1:1-1	- 1	
OTHER SIGNIFICANT CONDITIONS O	ON- 9/	eles Lade	· melling	
TO THE DISEASE OR CONDITION CAUSING		The state of the	correction.	
194. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDER- 21B. F	PLACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
LYING OR CONTRIBUTING about hos	no, tat m, taceor y, sereor, omico mag.,	to.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
	WORK AT WORK		1/	
22. I hereby eertify that I attended to	he deceased from	- 9 , 19 0 to	5/24,195	Sthat I last saw the
deceased alive on 6/24, 195	and that death occur	red at In., from		
23A SIGNATURE		3B ADDRESS		23C DATE SIGNED
mayallet our	a adum. D.	ad. She	Lat 6 Keyada	6/24/58
TAA. BURAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCAMION (City, town,	or county (State)
una 6/2850	London (Park D	allemose,	1116
DATE RECEIVED BY REGISTRAR'S SIGNA		25 ENNER DIRECTOR	700	ADDRESS
	(1 t	11.114.	0/1	W STR NU
HN 26 1950 100 100 100 100	MANUAL DI	funoming so	11 Trod /ds	10/Vards
THE STATE OF THE S	Co accepted to the			
- mail	The state of the s			55F.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF CYRUS SHERBAHN DEATH June 14. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (if not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give locatio Mos. th of stay in Baltimore 6 N. Calhoun Street Davs 9. AGE (In years Hunder I Year Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Male White Widower June 28.1881 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Carpenter, retired Self 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cyrus Sherbahn Susan Shields 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Patricia Hollands, 1524 W. Fayette St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH osderate Cardin (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A. DATE OF OPERATION NO X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED **OF INJURY** NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county)

Oak Lawn DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR butte wir / shault, Me

V S 151

ADDRESS

BIRTH NO.

CERTIFICATE CORRECTED 6-26-50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

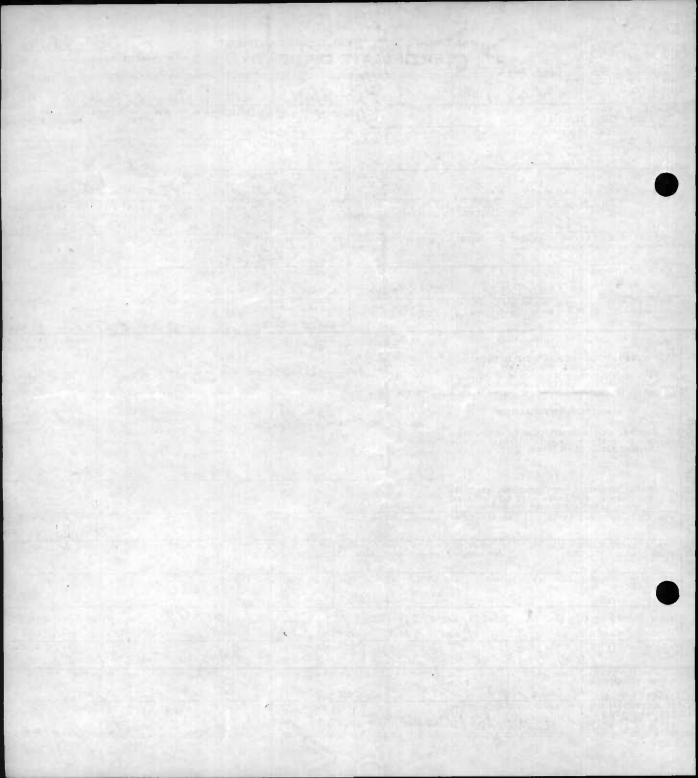
50	ECOL
50	5607

Registered No.

1. NAME OF D (Type or Print)		ora Ger	trude Dettman		2. DATE OF DEATH 6	-22-50
	City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	. If institution; residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore Ci 4940 Eastern	ty Hosp	on, give street address or location)	Md. c. CITY OR TOWN Baltimore	(If outside corporate li	mits, write RURAL and give
c. in th of s	stay in Baltimore	Li	Yrs. Mos. Days	858 W.North	SS (If rural, give location) Ave.	
5. SEX	6.COLOR OR RACE	7. SINGLE WIDOW Marr	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 18-1902	9. AGE (in years last birthday)	H Under I Year H Under 24 Hours Min.
10A. USUAL OC ork doos during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S		er	(D	14. MOTHER'S MA	Chambers	
15. WAS DECEAS Yes, no or uoknowo)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT E	altimore City H	ospitals
heart failuinjury or	LEADING TO DEA, s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS	of dying, e.g. ins the disease caused death. SES F ANY, GIVIN	(B)	ess of Right	CERTIFICATION A	APPROVED BY
UNDERLY	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(C)		18812	M. D;
TRIBUTING	II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Di-bot-	es Mellitus	over)	DICAL EXAMINER,
U _	18-1950		FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIE	ENT WAS UNDER-	218. PLA	n and drainas CE OF INJURY (e.g., i erm, factory, street, office bldg., ital	o or 21c. WHERE D	(If in Baltimore Cit Baltimore Cit tern Ave.	y, give exact location) ty Hospital
CUJURY	(Month) (Day) (Year, ne 22, 1950 5		VHILE AT WORK NOT WHILE AT WORK		n of sodium pen	tothal anestheti
deceased a		tended the _, 1950	and that death occur	rred at 5.52 PMm.,), to 6-22-, 19 from the causes and or	59that I last saw then the date stated above
23A. SIGNA	TURE . 1	Don	C-02 M. D.	4940 Eastern	Ave.	6-23-50
Buria	el 0/26	150		ivet	240. LOCATION (City, to	md
JUN 2			Piane, M.	25. FUNERAL DIR	MC. 1217 St. P.	address
VS 150	TO BE	PPROVET	BYTHE MEDIC	AL EXAMINER		61

De Fisher linked absent to diabeles by plume - 6 27.50 Es and the second of the second o a transfer to be t to the tendent of

550		
LII ACIDA	EALTH DEPARTMENT SO Registered No.	5608
BIRTH NO. 50 - 030 615	E OF DEATH Registered No	
1. NAME OF DECEASED WILLIARD SHA	MNON, JR. 2. DATE OF DEATH (0/0	24/50
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	itution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)		
UNIVERSITY H.	c. CITY OR TOWN (If outside corporate limits, w	township)
gth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural drive location)	Cere
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years) if Under	1 Year If Under 24 Hours
MIDOWED, DIVORCED (Specify	Feb. 1950 0 14	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLARD SHANNON	Katu Barnes	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	ESS FO
18. J7/.0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		ded-
DISEASES OR CONDITIONS, IF ANY, GIVING		8-1 Can
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, give	exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?		
21p. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from 4 195, to 6/27, 195, that I last saw the		
deceased alive on 6/24, 19 5, and that death occurred at 12 3 Am., from the causes and on the date stated above.		
23A. SIGNATURE / LINEAR K. Spells 23B. ADDRESS Was Bald 1. 124/50		
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
Queine 6/21/50 ml Collany a. le. Co., my		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1082. ADDRESS LIN 26 1950 Tuntivator Williams M. 25 Juneral Director 1082. ADDRESS 25 Juneral Director 1082. ADDRESS		
VS 150	11	9a



5609

BALTIMORE CITY HEALTH DEPARTMENT

50 5609 Registered No.

	16441		CERTIFICAT	E OF DEATH	reg.sected	110
	7-/2271					
Type or Print)		DAR	LING ("A" TW	m)	OF DEATH	21-50.
Baltimore (Sty, Maryland	/		4. USUAL RESIDENCE	Where deceased lived, B. COUNTY	lf institution: residence before admission)
B. FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate lin	nits, write RURAL and give
NSTITUTION	VOHANS N	OSPITA	14	BALTO	27-38	township)
orth of s	tay in Baltimore	12 HR	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5. SEX	6.COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	K Under I Year K Under 24 Hours Months: Days Hours: Min.
M	IN/	3.	ED, DIVORCED (Specify)	6-21-50		/2
	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	NAME			14. MOTHER'S MAIDEN N	AME	0.5.
PHILIP	V. DARLIN			ILSE MUFL	LER.	
15. WAS DECEASE Yes, no or nnknown)	D EVER IN U, S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
SECTION.				MOTHER	1303 RAM	IBLEWOOD RD
18. 76	1.5		CAUSE	OF DEATH		ONSET AND DEATH
	SE OR CONDITION LEADING TO DEA	TH	PR	EMATURITY		12 HRS.
heart failu	not mean the mode ore, asthenia, etc. It mes	ins the diseas		ATURE SEPARA	TIOU OF	
injury or	complication which		PLACE	CENTA .	TION OF	
	ANTECEDENT CAUS	SES	(B)			
RISE TO T	S OR CONDITIONS, I	STATING TI	NG			
UNDERLY	YING CONDITION L	AST.				
	11		(C)	•		
TRIBUTING	GIGNIFICANT COND	NOT RELAT	ED .			
	F OPERATION / 1		FINDINGS OF OF	RATION		20. AUTOPSY?
6-21-	1	The		foration of pla	recula	YES NO
HOMICIDE	ENT. SUICIDE. (Specify)	2 1B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City	, give exact location)
21p. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
NJURY		m.	WHILE AT NOT WHILE AT WORK			
22. I hereb	y certify that I at	tended the	deceased from 6	-2/ 1950, to	6-21, 19	that I last saw the
	live on 6-21	,19 60,	and that death occu	rred atm., from	the causes and on	the date stated above
23A. SIGNA	eraon C.	Keel		13 6. Cases	5+1	6-23-50
24A. BURIAL, OF TION, REMOVAL (S	CREMA- 248. DATE		24c. NAME OF CEMET	TY OR CREMATORY 24D.L	2 3 1950	on, or county) (State)
DATE RECEIVE	D BY REGISTRAR	SSIGNATI	Minus, Not.	25 FUNERAL DIRECTOR	Health	ADDRESS
VS 150	31.00	6	an deships \$150	. 1.1.1		1600

Anypermental annual very manager as CERTIFICALIZED DENTH MAN A COLUMN A THEM PHILLIP V. DARROWS THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT 2 WY 12 X ALCOHOLD CHRONICA VENEZA El Vi a

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5610

Registered No.

IKIT NO. 30 -/ a	2/00					
NAME OF DECEAS		DAR	LING "B"TO	سالات	OF DEATH	1-50
Baltimore City, I		/		4. USUAL RESIDENCE (V		institution: residence before admission
		al or instituti	on, give street address or location)	MD.		
NSTITUTION	11			C. CITY OR TOWN	outside corporate limi	ts, write RURAL and giv
WOH	on's Ho	SPITA		SALTO	21-	5 1
gth of stay in	Baltimore	12 HR	Yrs. Mos. Days	o. STREET ADDRESS (IF	rural, give location)	1
SEX 6.COL	OR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years last hirthday) Mo	onths Days Hours Min.
OA LISUAL OCCUPAT	W I I I I I	2.	OF BUILDINGS OF	6-21-50		122
OA. USUAL OCCUPAT	life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	MD.	WHAT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
PHILIP V	. DAR			ILSE MUE	LLER.	
5. WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
No				MOTHER	1303 RAMB	LEWOOD RD.
18. 761			CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR	CONDITION	DIRECTLY				ONSET AND DEAT
(This does not m	ING TO DEAT	TH		EMATURITY		12 HRS
heart failure, asth	enia, etc. It mea	ns the diseas	e, PREI	MATURE SEP	ARATION O) A
injury or compli	cation which c	aused death	DLAC	RNTA.		
ANTEC	CEDENT CAUS	ES				
DISEASES OR C	VE CAUSE (A)	STATING TH				
			(C)			
OTHER SIGNIF	E DEATH, BUT	NOT RELATE	D			
TO THE DISEASE			FINDINGS OF OPER	ATION		20. AUTOPSY?
6-21-5	20 2	REM	ATURE STP.	ARATION OF	PLACENTA	YES NO
21A. ACCIDENT, SU			CE OF INJURY (e. g., in			
HOMICIDE (Spec	cify)	about home, f	arm, factory, street, office bldg., e	te.) INJURY OCCUR?		
21p. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
NJURY _		m.	WHILE AT NOT WHILE			
22. I hereby cert:	ify that I att		deceased from 5 -	21- 1913 to 6	- 2/ 1966	e, that I last saw th
				red at 2 pm., from t	he causes and on t	he date stated above
23A. SIGNATURE	D.	1.00	2	3B. ADDRESS	57	23c. DATE SIGNED
4A. BURIAL, CREMA-	24B. DATE	A.	24c. NAME OF CEMETE	RY OR CREMATOR 240, L	OCATION (City, town	
		V		M2 WEHCAL SCHOOL LIUN	2 3 1950	
OCAL REGISTRAR	REGISTRAR'	S SIGNATU	Williams, Mr.	25 FUNERALDER OF	eelth	ADDRESS
VS 150		6			Au	, (

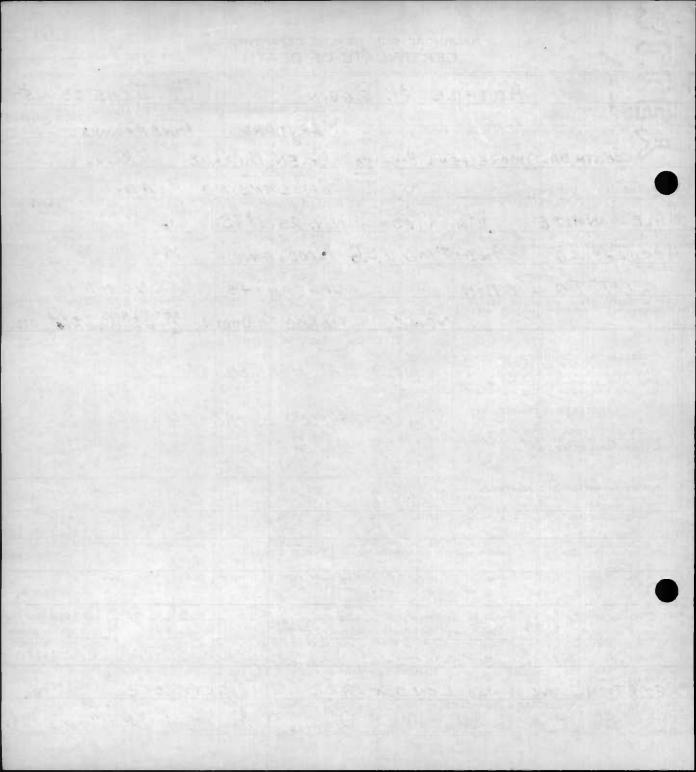
STATE OF STATE OF STATE 621-53 OT AN CA ILDE HUBBER Mother yoursensum Particular HO THE WALL OF THE WALLS

BALTIMORE CITY HEALTH DEPARTMENT

50	5611

В	RTH NO.		CE	RIIFI	CATE	OF DEATH	registered .	140,
	NAME OF D ype or Print)	ECEASED	ARTHUM	e W.	Bo	DIN	2. DATE OF DEATH JU	NE 23, 1950
	PLACE OF D Baltimore (4. USUAL RESIDENCE (W		
В.	FULL NAME	OF (If not in hospi	tal or institution,	give street ad	ldress or ocation)	C. CITY OR TOWN (If	ANNE ARL	LNDBL ts, write RURAL and give
11/	STITUTION	OUTH BALTIN	TORE GEN	' Hose	ITA	GLEN BURN	- /0	township)
101				0	Wrs.	/1 - 1	ural, give location)	
C.	sex gth of s	tay in Baltimore	7. SINGLE, M	ARRIED	Days	1819 LANSING		H Under 1 Year H Under 24 Hours
1	TALE	WHITE	MAR	RIED	(Specify)	Nov. 25, 1885	last birthday) M	onths Days Hours Min.
10 work	done during most	CUPATION (Give kind of working life, even if retired NTING	1	INC.	OR USTRA	11. BIRTHPLACE (State or for	reign country) ME.	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S		1/30001	114,00		14. MOTHER'S MAIDEN NA		1 4.5.
	0	TTO B	ODIN			JOSEPHINE	(UNKNO	WN)
15 (Ye	. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	SECURITY ON F	NO.	My RISE M. BODI	1819 TH	NSING ROMO.
	18.	31X.		CA	USE C	OF DEATH	GIEN	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION			20.22	24 424.0044		ONSE! AND DEATH
	heart failu	s not mean the mode ire, asthenia, etc. It me complication which	of dying, e. g., ans the disease,	(A) .C.C	INF DI	RAL HEMORRHA	6 t	
		ANTECEDENT CAU	SES		1001	1/ h c D 10=50 h	SA IFONSI	
LION	DISEASE:	S OR CONDITIONS,	IF ANY, GIVING	(B) .U.S.	-/Y C [\ Y ,	94/ZED ARTERIO	3 C CENOSA	>
-		YING CONDITION L		202.10				
TIF		11		(C)				
CERTIFICA	TRIBUTING	SIGNIFICANT CONE TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	044**************			***************************************	
			198, MAJOR FIL	NDINGS OF	OPERA	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B, PLACE about home, farm, i				f in Baltimore City,	give exact location)
ME				metory, merect, or	nce nidk., ec	- INSURY OCCURY		
	NJURY	(Month) (Day) (Year) (Hour) 21E. WHILL WO		CCURRE T WHILE	21F. HOW DID INJURY	occur?	
	22. I hereb	y certify that I at			/	/20 , 1950, to	6/23 ,193	D, that I last saw the
	deceased al	live on 6/23		that death	h oeeurr		re causes and on t	he date stated above.
	23A. SIGNA	amuelo	? Sca	lia M	i. b. 23	1213 Light	Street	23c. DATE SIGNED
24		DREMA- 24B. DATE	6 ne 1	NAME OF C	EMETER	PRK BAL	CATION (City, town	(State)
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	ou Do		25 FUNERAL DIRECTOR	LITTIONE	ADDRESS
7	10 26 19	50 renting	ton Willia	MA ALL	0	Thomas W. Sind	Wellow Gles	V Gumie Md.
	VS 150	6		watermark 1	911	02		\$30
-					me / 6	7/		0 ~ 0-

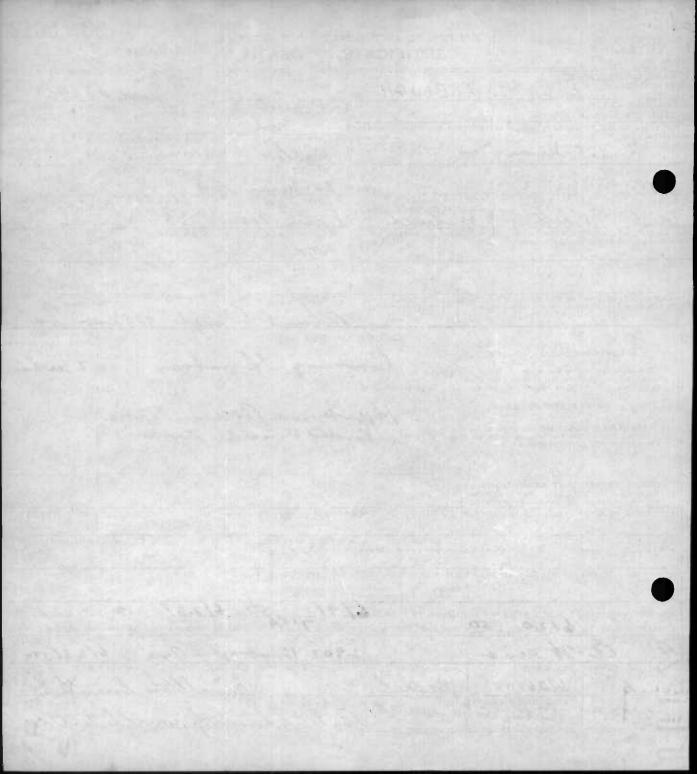
21097



BALTIMORE CITY HEALTH DEPARTMENT

50 5612

CERTIFICATI	E OF DEATH Registered No.				
NAME OF DECEASED Type or Print) ELLA J. ARBAUGH.	2. DATE OF DEATH LINE 23 1960				
. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceated lived, If institution; residence a. STATE BOUNTY before admission)				
FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 825 Union Auc.	C. CITY OR TOWN (If outside corporate limits, write KURAL and give township)				
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year in Under 24 Hours last birthday) Months; Days Hours; Min.				
Jense While Willowed OA. USUAL OCCUPATION (Give kind of the local property of the local	1/BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Vernon L. Ashaush 825 Union Sue.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	OF DEATH OF DEATH Neg Ilmbris Zuhn Vascula Aria				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO				
A-Waiss M.D. 2	ED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 19 2 to 6/23/, 19 2, that I last saw the reed at 7 2 m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 6/23/50				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Larrollton, barroll bo. 25. FUNERAL DIRECTOR Paul Clohenoweth 3615- Molestent Sul.				
VS 150					

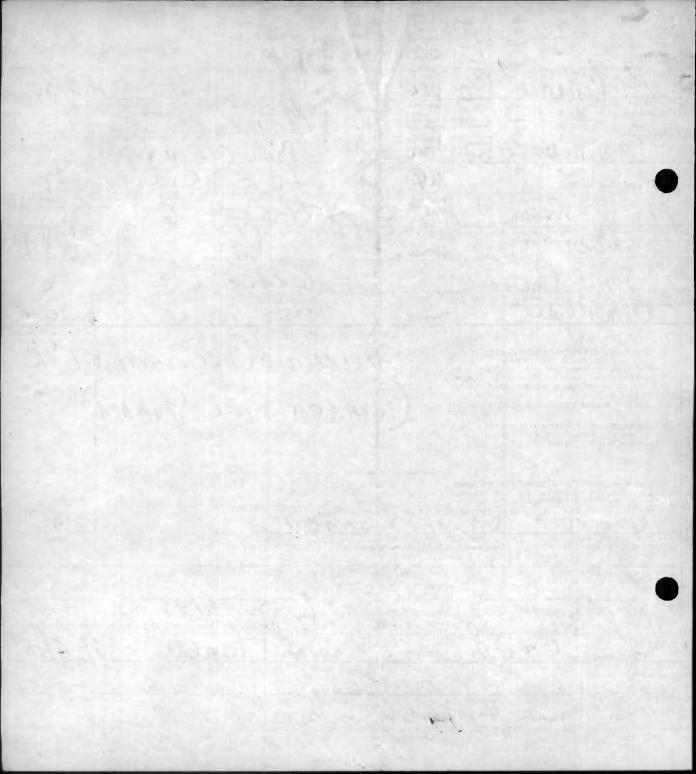


BALTIMORE CITY HEALTH DEPARTMENT 5613 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF Catherine Custis June 24, 1950 DEATH 3. PLACE OF DEATH: Cold Spring 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Bar-Wil- Ba Con. Home A SALIOTYCE ON SAVANCED (C. Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore 6 Months Days 6. COLOR OR RACE 9. AGE (In years | # Under | Year | # Under 24 Hours | last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) Female Colored Widowed Unknown 10A. USUAL OCCUPATION (Givekinder) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, avan if retired) INDUSTRY WHAT COUNTRY? Domestic Crisfield, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mes. Sarah Turner Crisfield. Md. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cardio-Vascular Renal Disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Arterio- Scelrotic Gangrene DISEASES OR CONDITIONS, IF ANY, GIVING Foot RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, offica bldg., atc.) IN JURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from deceased alive on 6/24/5019, and that death . 19__. that I last saw the 5/15 np, 1 Mm the causes and on the date stated above. and that death occurred at_ SIGNATURE 238. ADDRESS 23c. DATE SIGNED

BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. AOCATION (City, town, or county) TION, REMOVAL (Specify, DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

ADDRESS

Registered No. CERTIFICATE OF DEATH BIRTH NO CTYLE FEBRUARY 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, M institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OF TOWN (If outside corporate limits) write RURAL and give township) 406CE Yrs. O. STREET ADDRESS (If paral give location) Mos. SURCIUE gth of stay in Baltimore Days 6. COLOR PH RACE 7. SINGLE, ARRIED.
WIDOWED DIVORCED (Specify) 9. AGE (In years | If Under I Year last Withday) Months: Days Il Under 24 Hours Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 12. CIT rnrk dane daring most orking life even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ORACE OLUIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL OL BUNCINE Yes, no nr anl Tive war nr ates of service) SECURITY NO. me 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SITE STOMACH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUCHIG IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY STORACIF YES NO 218. PLACE OF INJURY (e. g., in nr 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about hnme, farm, fectory, street, nffice bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from. 19) C that I last saw the deceased alive on 6. , 19), and that death occurred at 2m., from the causes and on the date stated above. 24A. BURIAL, CREMA-ION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 1 1 July and PROPERTY AND PROPE



300 CROST	GM W	ood				
00 5615 BALTIMOR	RE CITY HEAT	OF DEAT		Registered 1	50	5615
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)		WOOD S	R	2. DATE OF DEATH June	23, 1	950
3. PLACE OF DEATH: A. Baltimore City, Maryland	A	A. STATE	ENCE (Whe	ere deceased lived. If B. COUNTY		residence re admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION	location)	Maryland CITY OR TOWN	(If ou	itside corporate limi	ts, write RU.	
Baltimore City Hospital		Baltimor		26	5-11	township)
c. th of stay in Baltimore	Yrs. Mos. Days	922 S. C.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR		DATE OF BIRTI	-i Ts	AGE (In years	If Under 1 Year	It Under 24 Hours
Male White WIDOWED, DIV	ORCED (Specify)	meh. 12-	1902	last birthday) M		Hours Min.
ork dooe during most of working life, exeo if retired)	INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZ WHAT	EN OF COUNTRY?
13. FATHER'S NAME		4. MOTHER'S MA	IDEN NAM	IE / /		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL	sanh	Var	with		
	CURITY NO.	7. INFORMANT	rdell	916 1	DORESS	n 11
18. 420.1	CAUSE OF	DEATH				AL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/25	7~4 ~ 4	a.	lo.	1).	
heart failure, asthenia, etc. It means the disease,	A)		7		1/0	
ANTECEDENT CAUSES				\		
DISEASES OR CONDITIONS, IF ANY, GIVING	в)	***************************************		***************************************		*******************
UNDERLYING CONDITION LAST.	E TO C)	************************************	***************************************	0-0-00	*******	*********************
OTHER SIGNIFICANT CONDITIONS CON				No. of Lot of Lo		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			••••	······································		•••••••
194. DATE OF OPERATION 198. MAJOR FINDIN	IGS OF OPERAT	101			20. A	UTOPSY7
21A. EXTERNAL CAUSE WAS 21B. PLACE OF I UNDERLYING OR CONTRIB. about home, farm, factory UTING CAUSE OF DEATH.	NJURY (e. g., in or y,street, office bldg., etc.)			in Baltimore City,		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJ	URY OCCURRED	21F. HOW DID	INJURY C	OCCUR?		
m. WHILE AT	NOT WHILE AT WORK		Autops	177		
22. I certify that I took charge of the remain		, , , , , , , , , , , , , , , , , , , ,	Autopsy, Ins	pection or luquiry		and from
the evidence obtained by said Autopsy, In and death is my opinion resulted from: m	spection or Inq atural causes	wiry, find that \subseteq , accident \subseteq ,	said dece suicide], homicide 🔲, u	indetermin	ned [].
23a. SIGNATUR	M.D.	238, CHIEF ME ASSISTANT MI MEDICAL INV	EDICAL EX	AMINER	6-23	
24A. BUNTAL, CREMA- TION, REMOVAL (Specify)	OF CEMETERY	OR CREMATORY	24D. LOC	ATION (City, town,	or county)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25	5. FUNERAL DIR	ECTOR	A COUNTY & C	ADDRESS	3
N 26 1950 tunturator Villians,	NA SIL	vince +1	toffman	- 16391	Siona	wound
V'S 751	4540	12	01		94a	. 0

BALTIMORE CITY HEALTH DEPARTMENT

50 5616

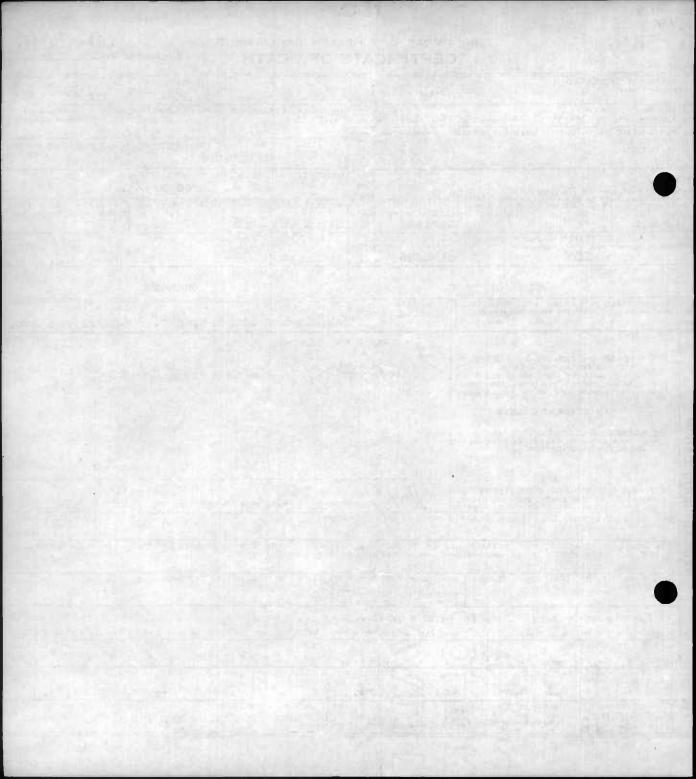
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE MARY CATHERINE LEHNETS (Type or Print) June 23, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 518 N. Streeper St. B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 518 N. Streeper St. gth of stay in Baltimore 67 years Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | Il Under 24 Hours | last birthday) | Months: Days | Hours | Min. March 29, 1881 female white married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Germany U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Borgmann unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Irs. Mildred Grubert, dght. 3005 Arizone Ave. NTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-- Curdin-Vascular firm TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION FINDINGS OF 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY 22. I hereby certify that I attended the deceased from 6 10 1950, to 2 3 1950, that I last saw the deceased alive on 6 3, 1954, and that death occurred at 8.31/2 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED E - 19011 a 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Taylor Ave., Baltimore, Md. June 26,1950 Burial Parkwood Cemetery DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Schimunek Funeral Home, Inc.

AND STATE OF THE S

VS 150

13/13

260145-5 E. Madison St.



363

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

istered N50 5617

BIRTH NO.			CERTIFICATE	E OF DEATH	Registered 1	No	MI
1. NAME OF DECEAS (Type or Print)	ESTILI	ı	STROUD		2. DATE OF DEATH June	24, 195	50
B. PLACE OF DEATH B. Baltimore City, B. FULL NAME OF	Maryland	-1 !		4. USUAL RESIDENCE (W A. STATE Maryland		institution: r	
HOSPITAL OR	ranklin S		ion, give street address or location) Hospital		outside corporate limi	ts, write RUR	AL and give township)
c. The of stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If r		4	
	LOR OR RACE	WIDOW	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)		lours Min.
OA. USUAL OCCUPA ork done during most of workin Meat Cutter	TION (Give kind of	10B. KIND	arried of Business or industry Retired	11. BIRTHPLACE (State or for Alamo, Georgia		12. CITIZEI WHAT	N OF COUNTRY
3. FATHER'S NAME John Stroud				14. MOTHER'S MAIDEN NA Ethel Elder			1
5. WAS DECEASED EVE	R IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Russell Stroug		odress ns Avenu	e V
(This does not r heart failure, ast injury or compl	henia, etc. It mea ication which of CEDENT CAUS CONDITIONS, I OVE CAUSE (A)	TH of dying, e. g ons the diseas caused death SES F ANY, GIVIN STATING TH	e, (A) Broncho	opneumonia	Miami, Sea	ONSET	day
OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D OILL OILL	aļcoholism			
19A. DATE OF OPE	ERATION 1	98. MAJOR	FINDINGS OF OPERA	ATION		YES X	NO
21A. EXTERNAL C UNDERLYING UTING CAUSE	OF DEATH.	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., et 21E. INJURY OCCURRE	tc.) INJURY OCCUR?	in Baltimore City,	give exact loc	ation)
OF INJURY		' '	WORK NOT WHILE				
the evidence	obtained by	said Auto	remains described a psy, Inspection or It rom: natural causes	bove, held an Autopsy, In nquiry, find that said dec	nspection or Inquiry ceased died on th	thereon the day state undetermine	ed above
23a. SIGNATURE	RS	Tho	her M.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	6-25-	
BURIAL CREMA LOW REMOVAL (Spenis) DATE RECEIVED BY OCAL REGISTRAR JUN 26 1950	6/Y8	150	* A	PA F FRY AL	Malter	or county)	(State)
/ S 151	Company of	-	4526	1		07	H

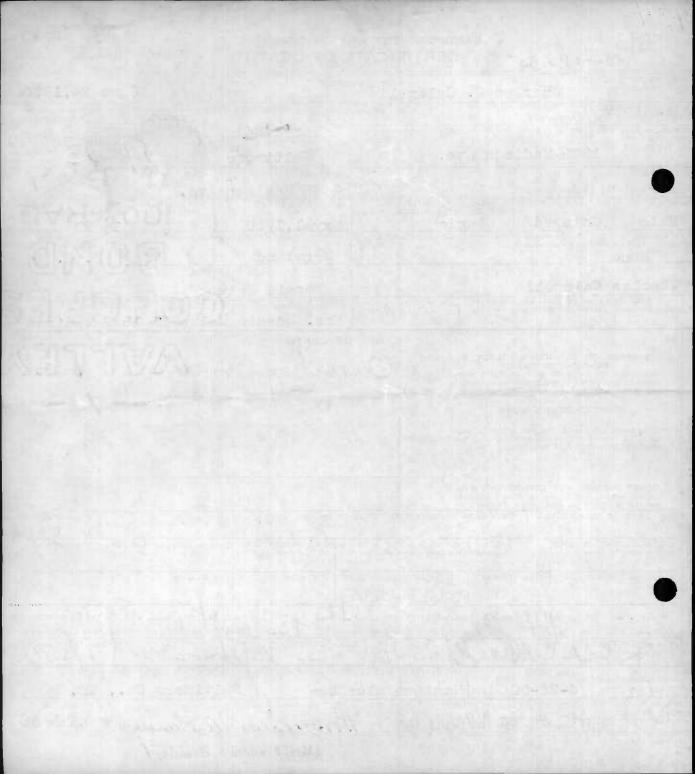
50 5618 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO. 50-088.35 1. NAME OF DECEASED 2. DATE (Type or Print) Charles C. Caldwell June 24,1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B COLINTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1822 Madison Ave. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1822 Madison Ave. th of stay in Baltimore Days 5. SEX 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH Colored Single Mgry 1,1950

11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Marvland U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Caldwell Bessie Hatwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or nuknown) (If yes, give war nr dates of service) SECURITY NO. Mrs. Bessie Caldwell 1822 Madison NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 2 IF. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 19 JU to. deceased alive on_ 1950, and that death occurred at____ C.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Baltimore Co., Md. 6-26-50 Western Star Cem Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 1/25. FUNERAL DIRECTOR LOCAL REGISTRAR 6. Newsh578 W. Biddle SE

VS 150

(Mrs) Frances A. Hemsley



50 5619 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) JOHN EDWARD LECHTHALER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSTITUTION WION MEMORIAL HOSPITAL 13ALT1170RE -18 D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1509 E. 3380 ST. c. Death of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 8-20-1843 MARRIED

6-23-50 before admission) (If outside corporate limits, write RURAL and give township)

11. BIRTHPLACE (State or foreign country) BALTITIONE Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

4514

JOHN A. LECHTHAGER 16. SOCIAL

10B. KIND OF BUSINESS OR

17. INFORMANT SECURITY NO.

MATILDA MILLER

(WIFE) ADDRESS

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or nnknown) (If yes, give war or dates of service)

10A. USUAL OCCUPATION (Give kind of

ork done during most of working life, even if retired)

BUSINESSMAN

13. FATHER'S NAME

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INDUSTRY

MARI C. LECHTHALER INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

1. PARIETAL

19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION

6-14-56

24B. DATE

CLIOBLASTOTA

21c. WHERE DID INJURY OCCUR?

RT TEMPER PARIAME (If in Baltimore City, give exact location)

20. AUTOPSYT

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

21E, INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

15. TIME (Month) (Day) (Year) (Hour)

NJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from JUNEY , 1950, to JUNE 23, 1950, that I last saw the deseased alive on 14N523, 19 50, and that death occurred at 7.25 mg from the causes and on the date stated above. 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town or county) June 27.50 Oak Lawn Cemetery

25. FUNERAL DIRECTOR

| Baltimore Md

ADDRESS

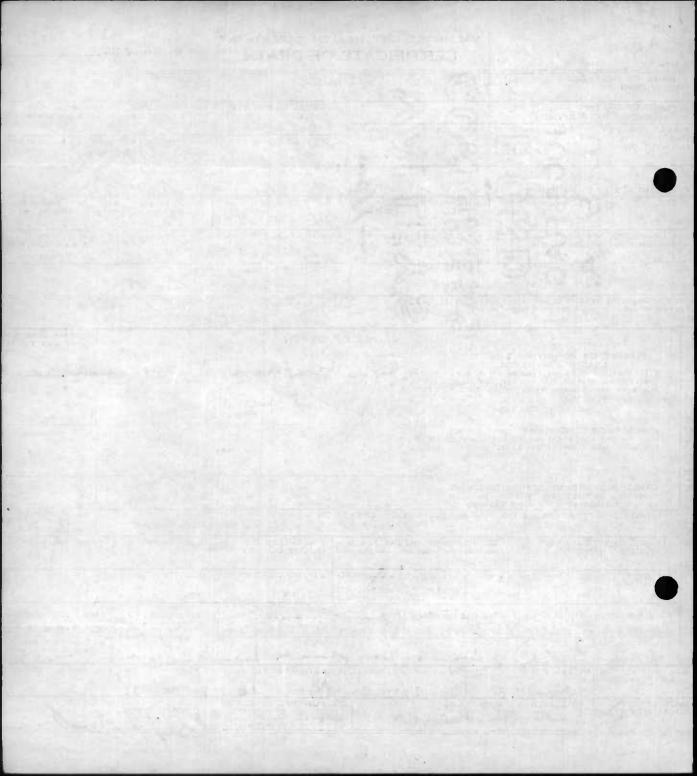
DATE RECEIVED BY LOCAL REGISTRAR

intuator Milians, Home

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS. INC:

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE 6-23-50 ines DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RUPAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Wolfe St #13 th of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 24 Hours 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) wid owed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dune during most of working life, even if retired) WHAT COUNTRY INDUSTRY + ouse wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EIHERT MORHFELD 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO. 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES lensive cardio Vaseu DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? NOT WHILE - 23 , 1950that I last saw the 22. I hereby certify that I attended the deceased from. 19.50to deceased alive on 6-23, 19 50 and that death occurred at 945/m., from the causes and on the date stated above. 23B. ADDRESS 23C DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

(State)

JUN 26 195

DATE RECEIVED BY

24A.

BUR AL. CREMA-

hutwalter

The state of the s

Scharge M. Reit schneide 02-28-50 The way were the will be the second 12 2 2012 14 11 11 was failer amaner Variation / 0.156(32) 1-8 EZZKATE KUEKEKE Martini dan estatu STT - Laborator Marchael - Tree property of the second second second second 33-3210 Can Ext & Name of the Canal of Parking may the to the things 3000

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH & UNE 25 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Yrs. O. STREET ADDRESS gth of stay in Baltimore Kullow Dave 6. COLOR OR RACE DIVERCED (Specify) 10A. USUAL OCCUPATION (Give kind of

108. KIND OF BUSINESS OR

(If outside corporate limits, write RURA) and give (If rural, give location) 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. IL BIRTHE (State or foreign country 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME

50 5621

. before admission)

EVER IN U. S. ARMED FORKES: (If yes, give war or dates of service) Yes, no or unknown) SECURIT CAUSE OF 18. DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO

refourths

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

ork done during most of working life, eyen if retired)

15. WAS DECEASED

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

Bovel of shuchon sue to acherius

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION.

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY

sbout home, farm, factory, street, office bldg (etc.) HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) NJURY

21E, INJURY OCCURRED

NOT WHILE!

21c. WHE E DID

21F. HOW DID INJURY OCCUR?

1950 10

19 that I last saw the 22. I hereby certify that I attended the deceased from . 19,50, and that death occurred at ! deceased alive on 4/25 m., from the causes and on the date stated above.

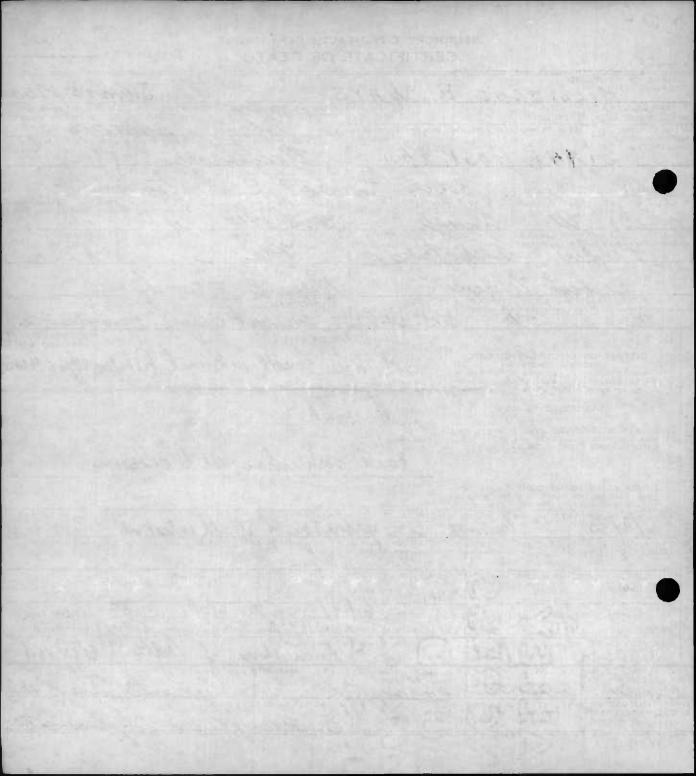
25. FUNERAL DIRECTOR

town, or county 24c. NAME OF

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

EDICAL



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

I. NAME OF DECEASED 2. DATE (Type or Print) · June 24, 1950 Hester K. Frederick DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1001 St. Paul St. township) Baltimore. Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 1001 St. Paul St. Days 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female white Augo 1881 IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRY WHAT COUNTRY? U.S. registered nurse retired 9 yrs. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence N. Frederick Octavia Harden 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Louise R. Philbrick 168 Rose St. Freeport VALET WEEK CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY is Schooli Head Discus LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that attended the deceased from the about 1, 19 50, to JUNE 24, 1950; that I lust saw the deceased a Son JUNE 24, 1950 , and that death occurred at each m., from the causes and on the date stated above. 23B. ADDRESS 23A. SJGNATURE 23c. DATE SIGNED 6 E. Eager St. 24A. BURIAL, OREMA-TION, REMOVAL (Specify) 24d/NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) cremation Loudon Park DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 1 tomo 1900 Eutow Place

VS 150

ACCUPATION OF THE PARTY OF THE THE DAY LINE . constate ide fuet . sa losi 1081 00 00 medical persons of Larrence W. Fredrick att. Toutes T. Fighteria - List Hotel T. · 27500057 WAR STONE OF THE PARTY OF THE P Late of the control of the Late of the Lat The second secon

1. NAME OF DECEASED (Type or Print)

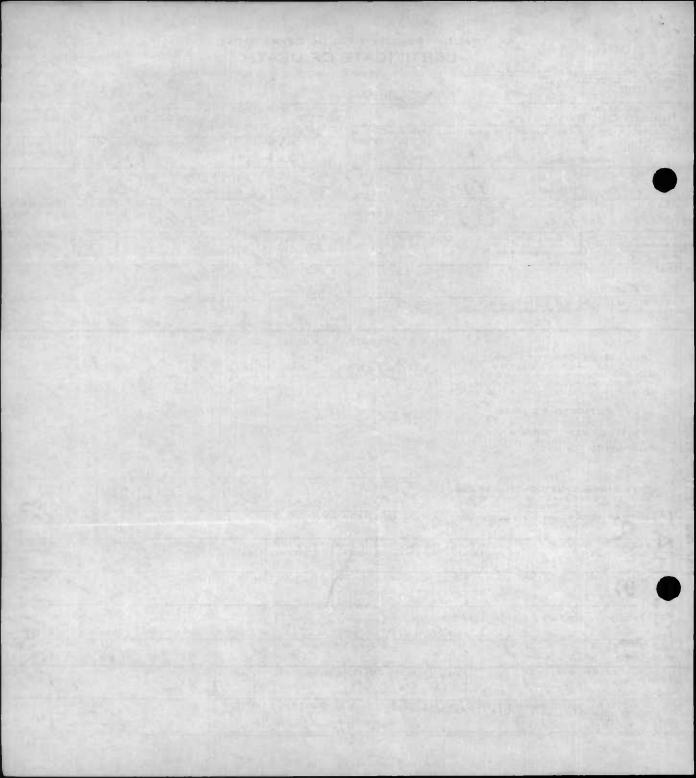
ma

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

2. DATE OF DEATH

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE, B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
Female 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. ASE in years it Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 113. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Solomon	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mr. Mayer Lewi - 350 Calloway Ca
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH INTERVAL BETWEEN ONSET AND DEATH Myscardial Infantan
ANTECEDENT CAUSES	40
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulm Lufaction
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (c. g., i. about home, farm, factory, atreet, office bldg.,	
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MHILE AT WORK NOT WHILE AT WORK	
deceased alive on 6 75, 1950, and that death occur	rred at 2:15 m., from the causes and on the date stated above.
23A. SIGNATURE AND M. D.	Huai Horp 23c. DATE SIGNED 6-25-50
24A. BURIAL, CREMA- 24B, DATE TION REMOVAL (Specify) 6/27/1950 Palelall	Balto. Mef.
DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE IN A 1950	Jul Jeurs Inc 2100 Entern PL
VS 150	F) 93D



152

BALTIMORE CITY HEALTH DEPARTMENT

50 5624

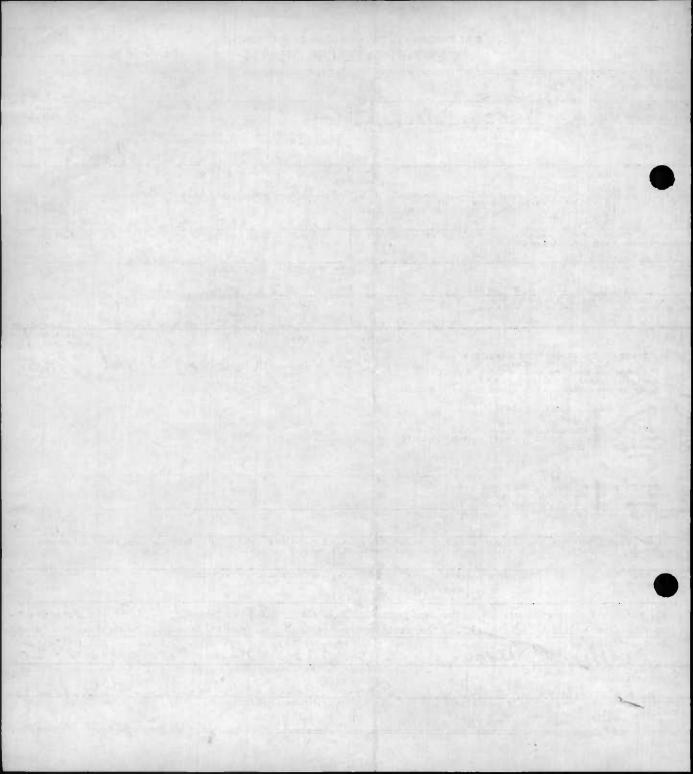
1 5624	CERTIFICATI	E OF DEATH	Registered N	0
BIRTH NO.	CERTIFICATI	E OF DEATH	8	
Type or Print)	H KOB	INSON	2. DATE OF DEATH 6-	25-50
B. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE	Where deceased lived, If is B. COUNTY	nstitution : residence before admission
IOSPITAL OR	ution, give street address or location)		outside corporate limits	write RURAL and give
4203 xpru	quaxe wo	Vallenio	re 15	-09 township
Length of stay in Baltimore	60 Yrs.	11	rural, give location)	we
	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	ths Days Hours Min.
OA JUSUAL OCCUPATION (Give kind of lob. KIN do by during most of working life oven if retired)	ID OF BUSINESS OR	11. BIRTHILACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
3. FATTER'S NAME	bera.	14. MOTHER'S MAIDEN NA	AME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (cs, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT		DRESS
1.0 3.3 / /	541165	seorge portur	MU 3313 MA	INTERVAL BETWEEN
18. 3 / X DISEASE OR CONDITION DIRECTL		OF DEATH	, ,	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, (A)	ebial Alm	whale	15 dons
ANTECEDENT CAUSES	(в)	Avus oler	oris.	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING			
11	(6)/	Noth sis		
OTHER SIGNIFICANT CONDITIONS C	TED			
to the disease or condition causing 19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. P.	LACE OF INJURY (e.g., i	n or 21c. WHERE DID (I	f in Baltimore City, gi	YES ND L
	e, farm, factory, street, office bldg.,		I in Baldmore City, gr	ve exact location;
TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
m.	WORK AT WORK	7	30-151	
22. I hereby certify that I attended the deceased alive on 25, 1950		red at Of m from t	he eauses and on th	that I last saw the
23A. SIGNATURE		38. ADDRESS		23c. DATE SIGNED
4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify) BUTTER 6/26/CD	24C. NAME OF CEMETE		Balx	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE	26. FUNERAL DIRECTOR	C	ADDRESS
JUN 26 1950 Mario June 1 1 1	~	jork Leurs Inc	2100 ba	law / L
VS 150				83a

1700 (20) 100 (A) The state of 100 Aug 200 2 100

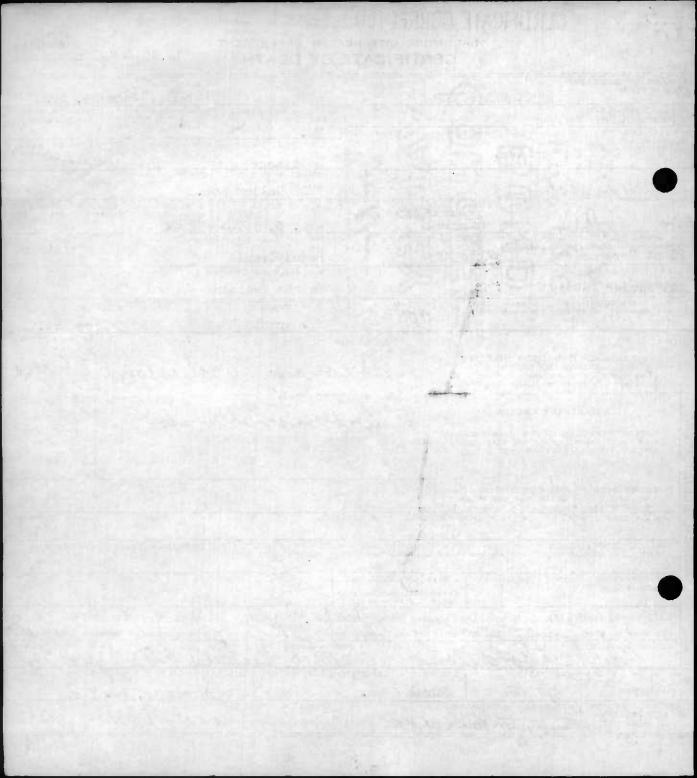
Loveless 50 5625 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased I ved. If institution; residence A STATE

B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland 1 before admission) (If not in hospital or institution, give street add B. FULL NAME OF location C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION Yrs. D. STREET ADDRESS utal, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORGED (Specify) 5. SEX 9. AGE din years 8. DATE OF BIRTH It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 2881-11. BUTTHPLACE (State or foreign comparty) 12. CITIZEN OF NABUSTR WHAT COUNTRY? 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or on nown) (If yes, give war or dades of service) mers 16. SOCIAL 7. INFORMANT ADDRESS SECURITY NO. 12-10-1-58 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK AT WORK 1950 to June 2 4, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on June 23, 1950, and that death offurred at 75 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 30 M. D. 4A. BURIAL CREMA-24c, NAME OF CEMETERY OR CREMATORY 24B. DATE 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR huting for

VS 150



5626 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF C. EARL WATSON June 24. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2222 Callow Ave. -township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2222 Callow Ave. c. Leigth of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | H Under 1 Year | H Under 24 Hours | In Under 24 Hours | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) married 1875 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Plant Foreman (rtd) WHAT COUNTRY? INDUSTRY Auto Mfg Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Watson Mattie Madison 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. no Mr. Arnold Klein 2222 Callow Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILF AT NOT WHILE WORK AT WORK here X 190, that I last saw the mul 19N.O. to 22. I hereby certify that I attended the deceased from. deceased alixe on keel 3 19 0, and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 230 DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) 6/26/50 Removal Rural C em. Poughkeepsie. New York 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150





00121	CEDTIFICAT	E OF DEATH	Registere	d No
BIRTH NO.	CERTIFICAT	E OF DEATH	Registere	u 110
. NAME OF DECEASED Type or Print)			2. DATE	
DONNA	B. Biven		OF DEATH J	une 23.1950
Baltimore City, Maryland		4. USUAL RESIDENCE ()	Where deceased lived B. COUNTY	
. FULL NAME OF (If not in hospit	tal or institution, give street address o location			
NSTITUTION		C. CITT ON TOWN	outside corporate H	mits, write RURAL and give township)
405 N. Luzer		Baltimore	6	
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	ne Ave	
. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours
Female White	WIDOWED, DIVORCED (Specify	Aug.23.1874	last birthday)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	INDUSTR	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Schoolteacherpretired		Pa.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Andrew F. Wilson		Mary Ann But	lar	
5. WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Oma G. Biven ,	110 N. Luze	orne Ave.
18. /70×	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	ALCOHOLD AND FOR ALL	1.	ONSET AND DEATH
(This does not mean the mode	TH of dving, e. g., (A)	ranoma. I	react	3 gears
heart failure, asthenia, etc. It mes	ans the disease.			
ANTECEDENT CAUS		***************************************		
DISEASES OR CONDITIONS, I	IF ANY, GIVING			***
UNDERLYING CONDITION LA				
	(C)			
OTHER SIGNIFICANT COND	ITIONS CON-			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	198. MAJOR FINDINGS OF OPE			20. AUTOPSY?
0				YES NO
21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID	If in Baltimore Cit	y, give exact location)
HOMICIDE (Specify)	about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
NJURY	WHILE AT NOT WHILE			
	m. WORK AT WORK	7/1/53	6/23/-	
22. I hereby certify that I att		2/6/30, 19, to		, that I last saw the
deceased alive on 6/23/	_, 1952_, and that death occu		7	n the date stated above.
Bens !	3 - Mores M. B.	23B. ADDRESS 4. 7.	existed)	6/26/52
4A. BURIAL, CREMA- 248. DATE ON, REMOVAL (Specify)	24C. MAME OF CEMET	ERY OR CREMATORY 24D.	OCATION (City, to	wn, or county) (State)
Burial 6/27/50	Baltimore		Baltimore M	a
ATE RECEIVED BY REGISTRAR	'S SIGNATURE	29. FUNERAL DIRECTOR	Par CIHOLE I	ADDRESS /
ILIN 2 C 1050	twater Villiams, Mit	Albu Carlos	de - 121	718 /m/ 12
VS 150	6	The cool of	J-42, 124	1 1000 15
1/60 184/1				, was

.wien was in The state of the s .ve - nema-. (cless mixed .) and the witness will species and the second of the second of the second

Schott

6	70 0020	EALTH DEPARTMENT 30 3068
ВІ	RTH NO. CERTIFICAT	E OF DEATH Registered No.
	NAME OF DECEASED When the second sec	2. DATE OF DEATH 6-24-5-0
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived: If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Yrs.	C. CITY OR YOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)
c.	Beigth of stay in Baltimore Mos. Days	901 p. Bredford 81.
10	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE (Livears if Under I Year Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
worl	dooeduring most of working life, even if retired) HEGI MUTAL WORKIN ELEC (M.)	aclows WHAT COUNTRY!
	FATHER'S NAME Selott	Hot Know Wary Bublik
	. WAS DECEASED EVER WU. S. ARMED FORCES? In no or woknown (If yee, give wer or detect of service) 314-03-1647	Lilleunschaft 90/4 Mackard
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH
RT	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., shout home, ferm, factory, street, office bldg.,	
2	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?

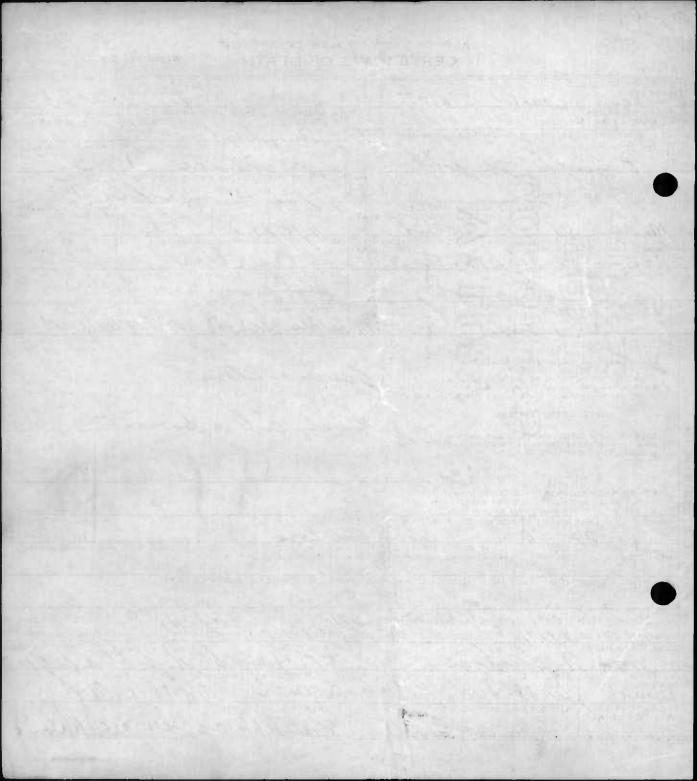
NOT WHILE WHILE AT 124 p. G., that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 6

and that death occurred at 6 .401m.; from he causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 248, DATE Bend

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

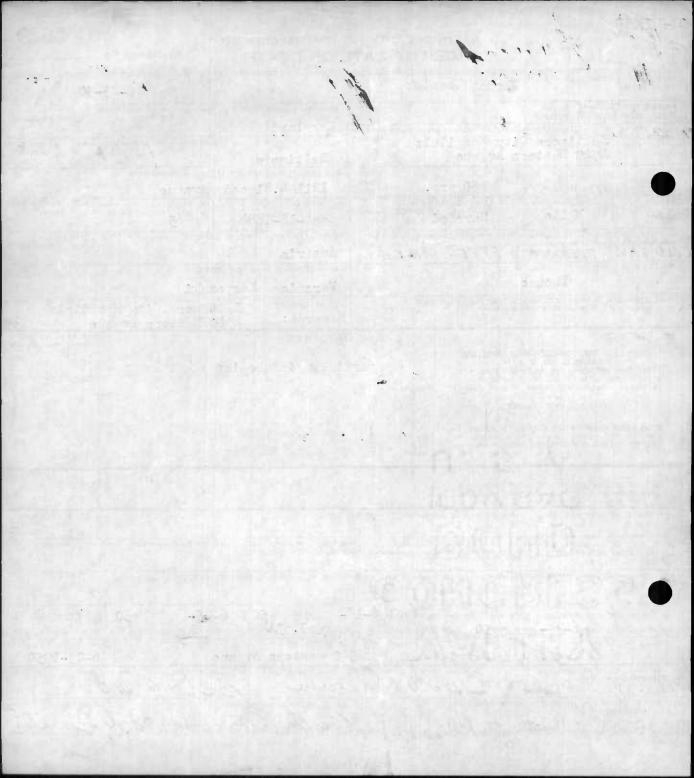


1B-13017 10 5629

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5629 Registered No.

I. NAME OF D	ECEASED	homas L	oanial-		2. DATE	
(Type or Print)		nomas 1	esnick		OF DEATH	25-50
	City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
HOSPITAL OR	Baltimore Ci	ty Hosp	itals location		(If outside corporate lin	mits, write RURAL and give
2.1	4940 Eastern	Avenue		Baltimore	1-	O township)
		70	Yrs. Mos.	D. STREET ADDRESS		
th of s	tay in Baltimore 6. COLOR OR RACE		yrs. Days	1211 S.Elwood		
Male	White	Marr	, MARRIED, ED DIVORCED (Specify) 1ed	Sept-12-1884	9. AGE (In years last birthday)	Months Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
OLD SAW	OPERATOR	STEE.	L MILLS	Austria		WHAT COUNTRY?
3. FATHER'S N	_	0.5		14. MOTHER'S MAIDEN		
E 11110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Thomas			Veronica Kacv	enski	
(es, oo or unkoowo)	D EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Ba	altimore City 040 Eastern A	4Pospitals
18. 42	0./.		CAUSE	OF DEATH	40 mastern A	INTERVAL BETWEEN ONSET AND DEATH
(This does heart failur in jury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DE	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA III GONIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	TH f dying, e. g. ns the disease aused death. ES FANY, GIVING STATING THI ST. TIONS CON- NOT RELATED CAUSING IT	(B)		n.	
100.000	I OI ERATION O	SB. MAJOR	FINDINGS OF OPEN	ATION		20. AUTOPSY?
LYING OR		about home, fe	CE OF INJURY (e. g., i rm,factory,etreet, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City	
O JURY	Month) (Day) (Year)	w	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby	eertify that I att	ended the a	leceased from 6-18	3- 1950 to	6-25- 194	50, that I last saw the
deceased ali	ive on 6-25-	. 1950_a	nd that death occur	red at 3.53AM., from	the causes and on	the date stated above.
23A. SIGNAT	URE S.	Co	2	38. ADDRESS 340 Eastern Aven		6-25-1950
Junal (St	G-28.	- 50 0/2	AC. NAME OF CEMETE	RY OR CREMATORY 24D.	BOOK G	or county) (State)
ATE RECEIVED		SIGNATUR	RE /	25. FUNERAL DIRECTOR	2 0 0	ADDRESS
HN 26 19	and the same of the	ton W	! !•	Kealle Konto	ch& on 900	Of follerter.
VS 150		6	3.02	19		940



612
5630 BIRTH NO.
1. NAME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT

50 5630 Registered No.

BIRTH NO.		CER	IIFICAT	E OF DEATH		
1. NAME OF DECEASED				2. DATE		
(Type or Print) EST	TELLA	G.	GRAVES	OF DEATH	June 2	23, 1950
A. Baltimore City, Maryland			DOM:	4. USUAL RESIDENCE (Where decease		titution : residence before admission)
B. FULL NAME OF (If not in hospit	al or instituti	ion, give s	street address or	Maryland	JIVI I	before admission)
HOSPITAL OR INSTITUTION			location)		rate limits, w	rite RURAL and give
Franklin So	uare Ho	spita	al	Baltimore	19-0	township
			Yrs.	D. STREET ADDRESS (If rural, give le	cation)	
c. th of stay in Baltimore			Mos. Days	219 N. Calhoun S	treet	-
5. SEX 6. COLOR OR RACE	7. SINGLE		IED, ORCED (Specify)	8. DATE OF BIRTH 9. AGE (In	years If Und	er l Year # Under 24 Hours s: Days Hours Min.
Female Colored		gle	ortozo (opcom)	Oct. 3, 1889 61	Takey)	and the state of t
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND	OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	7) 12	. CITIZEN OF
Dones tire	at	Hon	a L	mary		WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME	met.	0 074
William Graves	3			Amanda Thomas		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16.50		17. INFORMANT	ADD	RESS
(Yes, no or unknown) (If yes, give war or date	s Of service)	SEC	CURITY NO.	Dorothy P. Scott		
118. 260 X			CALLCE			INTERVAL BETWEEN
	Dinmout		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	TH		Diahet	es mellitus with ischior	octol	
(This does not mean the mode of heart failure, asthenia, etc. It mea	ans the disease	e.	_ 1	***************************************		***************************************
injury or complication which of	aused death.	.) 2666	kaak abs	cess		
ANTECEDENT CAUS	SES					
DISEASES OR CONDITIONS, I	F ANY, GIVIN	G (1	B)		**************************	
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA		E OUE	E TO			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT TO THE OISEASE OR CONDITION 194. DATE OF OPERATION 1		((c)		***************************************	***************************************
<u>II</u>					ALC: U	
OTHER SIGNIFICANT CONDI						
TO THE DISEASE OR CONDITION			••••••			
10112112	98. MAJOR	FINDIN	GS OF OPER	ATION		20. AUTOPSY?
	1 21- 51 4	CE OF I	111100 (or 21c. WHERE DID (If in Baltimo	no City give	exact location)
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.			NJURY (e. g., in r, street, office bldg., e		re City, give	exact location)
2 21D. TIME (Month) (Day) (Year) OF-NJURY			URY OCCURR	D 21F. HOW DID INJURY OCCUR?		
		WORK	NOT WHILE			
22. I certify that I took char	ge of the	remains	s described a	bove, held an Inspection & I	nquiry t	hereon and from
the evidence obtained by	said Auto	nsu. Ins	spection or 1	Autopsy, Inspection or nquiry, find that said deceased die		day stated above.
and death in my opinion	resulted fr	rom: no	itural eauses	🔼, accident 🗌, suicide 🔲, homici	$de \square$, $under$	etermined [].
23A. SIGNATURE	0			238. CHIEF MEDICAL EXAMINER		
1 0000	she	~		D. MEDICAL INVESTIGATOR	□ ami	e 24, 1950
24A. BURIAL, CREMA- 24B. DATE	2/1-2	4c. NAN	IE OF CEMETE	RY OR CREMATORY 240. LOCATION (C	ity, town, or	county) (State)
Burial 6/21	5/59	n	20 auc	ruru Baltun	nove,	ma
DATE RECEIVED BY REGISTRAR			44-10	25 FUNERAL DIRECTOR	AL AL	DDRESS
10 N 2 6 1950 Husting	ton I'm	WALLE.	7/1/5	Joseph a. hue	ly 6	5/W. parro
V S 151	4-104	ale in the	150		1 1	1/ ox
			5208	6	6	

	6
)	5631

BIRTH NO.

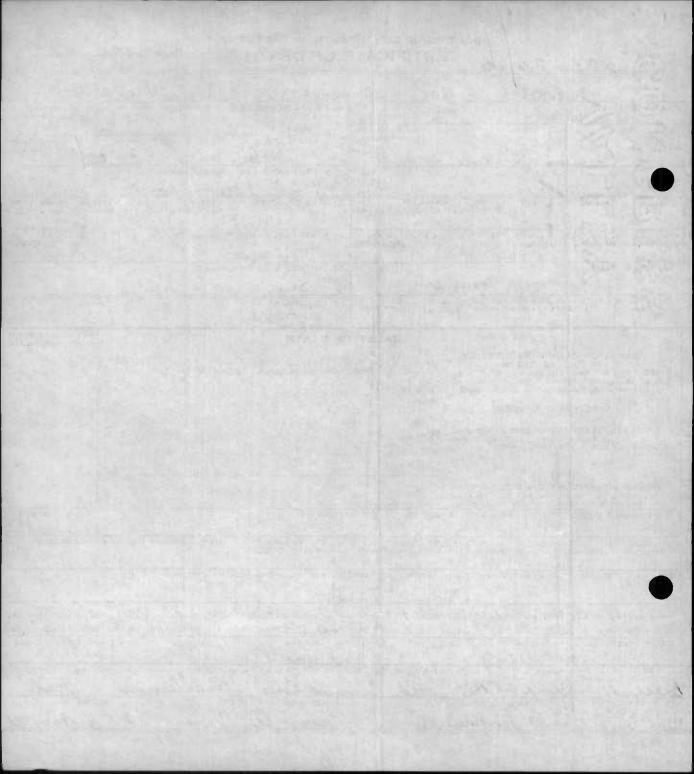
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	563.1
Registered	No	0.50.k

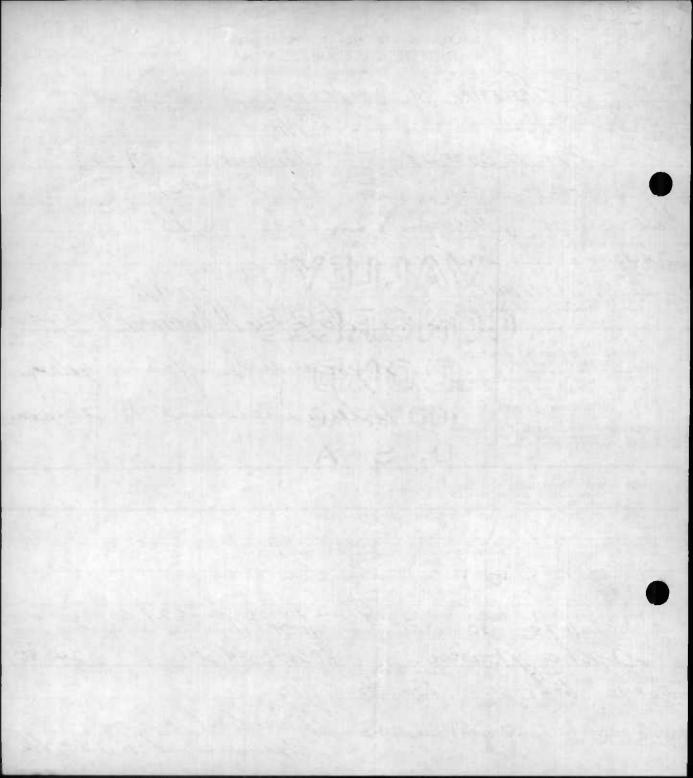
1. (T:	NAME OF DECEASED ype or Print)	IURRAY	, AUGUST	is Harry	OF DEATH	-22-50
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W		institution: residence before admission)
В.	FULL NAME OF (If not in ho	spital or institution	, give street address or	md.		
	STITUTION /	1 //	location)	C. CITY OR TOWN (If	outside corporate limit	write KORAL and give
	STITUTION UNIVER	SITY 170	MOITAL		ne b	[town-hip)
c.	Orth of stay in Baltimore	e	GZ Yrs. Mos. Days	b. STREET ADDRESS (If i	cural, give location)	St.
5.	SEX 6. COLOR OR RAG			8. DATE OF BIRTH	9. AGE (In years) last birthday) Mo	Under I Year H Under 24 Hours onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kin	W KIND O	F BUSINESS OR	11. BIRTHPLACE (State or fo	62	
rork	done during most of working life, even if reti	red)	INDUSTRY	md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	4 8.77.
	Memile	o Mus	ney	mary:	Steinal	1
	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
4	ntrioun			Carrie Jorda	N 713 EM	slew St
	18. 002 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	N DIRECTLY	0.	1 0 0 0 0	/	
	(This does not mean the mod	de of dying, e.g.,	(A) ges	reval caches	a	
	heart failure, asthenia, etc. It injury or complication which	h caused death.)	DUE TO			
	ANTECEDENT CA	AUSES	P	1 +	1 1.	
Z			(B) W	emorray / ul	enuleres	
	DISEASES OR CONDITION	(A) STATING THE	DUE TO			
X	UNDERLYING CONDITION	LAST.				
F			(0) /02	nelropnen	monea)	
E	OTHER SIGNIFICANT CO	NDITIONS CON-	0	1	,	
E	TRIBUTING TO THE DEATH, E	UT NOT RELATED	Cere	hal artewood	eron	
,	19A. DATE OF OPERATION		INDINGS OF OPER	RATION		20. AUTOPSY?
3						YES NO
ă	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACI	OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City,	give exact location)
Z M					de la companya	
	21D. TIME (Month) (Day) (Ye	ear) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			NOT WHILE			
	22. I hereby certify that I			-20 .1950 to 6	-22 197	that I last saw the
١	22. I hereby certify that I deceased alive on 6-26	1950 an	d that death occur	rred at 1045 P.m., from th		he date stated above.
	23A. SIGNATURE	1 1.	1 2	3B. ADDRESS		23c. DATE SIGNED
	3.1. 1 here	chauf to	, M. D.	Unusely H	ospital	6-22-50
	A. BURYAL, CREMA- 24B. DAT DN, REMOVAL (Specify)	E (24)	ones To	RY OR CREMATORY 24D. LC	A C. M.	or county) (State)
DA	ATE RECEIVED BY REGISTRA	AR'S SIGNATURE		25, FUNERAL DIRECTOR	11 00 110	ADDRESS
	CAL REGISTRAR	+- W.II.	CILLA M. M.	160 - 10a	0 100	
-	HN 2 C 1050 Lunder	rator / mus	. معروا الرحمين	Bucan Fine	aw son w	more omery
U	01/2-1801220	O marchanas	देशको एक्ट्रेड.	2000		120
		Solvie Bro. 4				120

Himes Marray nung Stanot

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH VILLE 25, 1950 CHARLES GEORGE DOUGHERTY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ma HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write BURAL and give NSTITUTION township) Yrs. (If rural, giverlocation) Mos. th of stay in Baltimore Davs 9. AGE (In years In Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. mather INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OHE TO (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from June 19 1900 to Viene 25 , 19 v, that I last saw the deceased alive on June 24, 19, so and that death occurred at 11.30 cm., from the eauses and on the date stated above, 23A. SIGNATURE 23C DATE SIGNED aleuteers of america 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL, CREMA-248. DATE DATE RECEIVED BY EGISTRAR'S SIGNATURE FONERAL DIRECTOR ADDRESS VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. · 22 00 57 th of stay in Baltimore Dava 6. COLOR OR RACE 9. AGE (In years | Moder | Year | last birthday) | Months Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ARRIED 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ALESMAN -FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 16-291 18. 22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE! rune 20 1950 to flene 2 4, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 6. 24- 1950, and that deal occurred at/0 45 Pm. from the causes and on the date stated above 23B. ADDRESS 23c. DATE SIGNED 4A. BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BINCETON ATE RECEIVED BY 25. EUNEBAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR



	11-4	: 25 0	ERTIFI	CATE CORRE	CTED 8-22	2-80) ~		
B	-138203	50 5634	BAL	TIMORE CITY H	EALTH DEPART	MENT	50	5634	
В	IRTH NO.			CERTIFICAT	E OF DEATH	Н	Registere	d No.	
	NAME OF DE						2. DATE	-	
	'ype or Print)	Jame:	Leonal	rd Wilson				me 23-1950	
3. A.	Baltimore C	EATH: lity, Maryland B	alto.	City	4. USUAL RESIDE	ENCE (W			
₽.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or			B. COUNTY	before a	dmission)
17	OSPITAL OR	Baltimore Ci	tv Hosy	location)	C. CITY OR TOWN	(If o	utside corporate li	mits, write RURAL	
VS.	11	4940 Easterr	Ave.		Baltimore		5	7-05	township)
hi				Yrs,	O. STREET ADDRE	SS (If r	ural, give location)		
c.		ay in Baltimore	Life	Mos. Days	805 H. Bond	d Stre	et		
	SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	B. DATE OF BIRTH	1	9. AGE (In years	Months; Days Hou	ider 24 Hours
	Male	Negro	Marr	ied	July 24-19	906	43	Months: Days Hou	rs Min.
I C	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or for	eign country)	12. CITIZEN	
	Lahor	er	Real	state Co.	Maryland			WHAT CO	UNTRY?
13	FATHER'S N	AME			14. MOTHER'S MAI	IDEN NAI	ME		
		John			17-	nkown		11 74	(D
15	. WAS DECEASE	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL				ADDRESS	
10	No	(11 yes, give war or date	s Of service)	SECURITY NO.	Records: 494	imore	City Hosp	itals	*
	18	1 V	00	CAUSE	OF DEATH	W Pas	tern Ave.	INTERVAL E	AFTWEEN
	DISEAS	E OR CONDITION	DIRECTLY	T GROSE	OI DEATH			ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO									
,	,	ANTECEDENT CAUS	ES						
5	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)		•••••	••••••••••••••••••••••••••••••••		
	UNDERLY	IE ABOVE CAUSE (A)	STATING TH	E OUE TO					
١				(C)					
		11		Metastatic	ercinoma mos	center	to nedes-		. 0 /
Ľ,	OTHER SI	GNIFICANT CONDITO THE OBATH, BUT	TIONS CON	■ 数字等字符件 (1) 10 10 10 mm (2) 10 mm (2) 10 mm (2)	undertermin	ned		0-0	er
5	TO THE DIS	SEASE OR CONDITION	CAUSING IT	- Lurmonar'y	tuberculosis	5			
ار	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTO	DPSY1
3	ALL ACCIDE		1 210 DI A	SE OF IN HIRY /	1 010 1111500 01		1 2 111	YES	NO L
	LYING OR	ONTRIBUTING	about home, fe	CE OF INJURY (e. g., is arm,factory,street,office bldg.,e	or 21c. WHERE DI	R? (II	in Baltimore City	, give exact locati	on)
	CAUSE OF C		(XX						
	Q JURY	Month) (Day) (Year)		11E. INJURY OCCURR	21F. HOW DID	INJURY	OCCUR?		
			m.	WORK NOT WHILE					
	22. I hereby	certify that I att	ended the	deceased from 5-1	8	Qto 6-	23- 19	50 that I last	saw the
	deceased ali			and that death occur	red at 5.45Pm.,	from the	causes and on	the date stated	l above.
d	23A. SIGNAT	URE	1 Xx	_ 2	3B. ADDRESS			23c. DATE S	
		JA.	1	м. р. 4	940 Eastern A	Avenue		I gune 2	4.1950
10	A. BURIAL, CI	REMA- 248. DATE ecify)	42	4c. NAME OF CEMETE	RY OR CREMATORY	24D. LO	CATION (City, tov	vn, or county)	(State)
	Buria	1 6/26/I	950	Mt Galvery	Cem.	Br	ooklyn A	.A. Co.Md	
DA	TE RECEIVED	BY REGISTRAR	SIGNATU	RE	25. FUNERAL DIRE			ADDRESS	34-1
	WW 0 C 10	50	an from	Williams was	Elroy O. W:	ilson	1000 Br	antly Ave	
J	UVs 458	- Louis	W NOW		0 1				
			. 43	- 9.0g	+/	and the same	~	130)

Please let we know of concer or the could have been the mikelying care of death

Letter in document file 50-5634-7/27/50.

J-5025635

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 50-1/9 23 CERTIFICATE	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) Paky Virl Dys ollies	Johnson 2. DATE OF DEATH June	23.188
3. PLACE OF DEATH: A. Baltimore City, Maryland / L/L. 4 W	4. USUAL RESIDENCE (Where deceased lived, If insti	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
2 3 IONNS ROPKINS NOSPITAL	D. STREET ADDRESS (If rural, give location).	-01
th of stay in Baltimore T. 1 for Days	4 n. Caroline	St.
	8. DATE OF BIRTH 9. AGE (in years last birthday) Months	Vear If Under 24 Hours Days Hours Min.
		CYTIZEN OF
	Baltimore	S.A.
	14. MOTHER'S MAIDEN NAME	
Ernest Johnson	Grace Hendricks	
15. WAS OECEASEO EVER IN U. S. ARMEO FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS HOSPITAL	RESS
DISTANCE OF COMPUTATION FIRM	ticemia Shalitis	INTERVAL BETWEEN
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give	YES NO L
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	c.) INJURY OCCUR?	- Location,
21D. TIME (Month) (Day) (Year) (Hour) O JURY m. 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK.	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	-23-, 1950 to 6-23-, 1950 th	nat I last saw the
deceased alive on 6 2 3 -, 19 5 and that death occurr	red at 2 Pm., from the causes and on the d	
	TOWNS HUPKINS HOSPITAL	3c. DATE SIGNED
	Y OR CREMATORY 24D. LOCATION (City, town, or e	
, , ,		o Md
LOCAL REGISTRAR		
	Elroy O. Wilson 1000 Brant	ly Ave
Vs 150	161	B

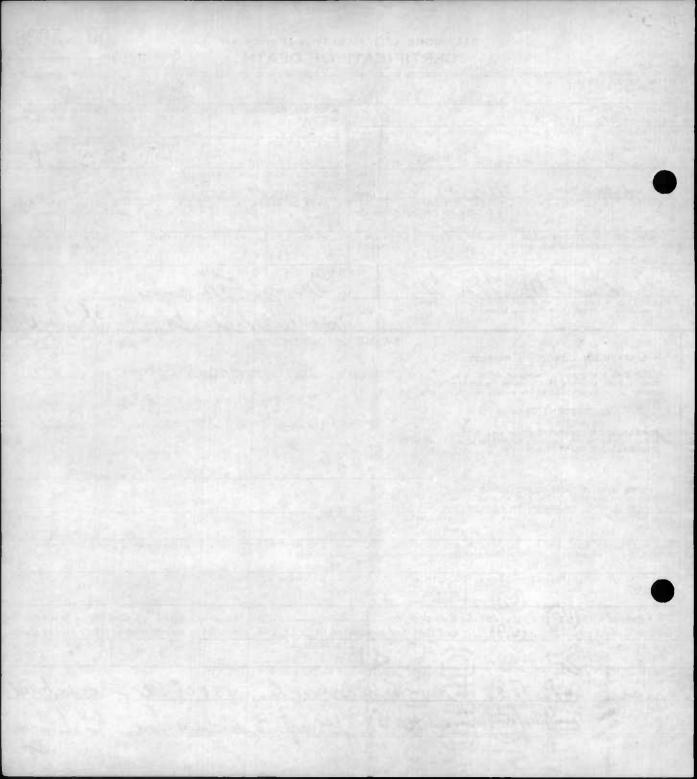
Septerminia mphilitis

BALTIMORE CITY HEALTH DEPARTMENT

50 5636

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days NINDSOR 9./AGE (In years | H Under 1 Year | H Under 24 Hours | In the last birthday) | Months Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND. CLERAMAH U3A. ChurcH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL SECURITY NO. INTERVAL BETTEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARCINOMA OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CARCINOMA OF 1946 STOMACH 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK 6-24, 1950, that I last saw the 22. I hereby certify that I attended the deceased from 3.19 1950 to_ deceased alive on 6-24, 1950, and that death occurred at 5.15 7m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-24B. DATE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150



50 5637 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GOLDBERG June 25, 1950 THOMAS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2611 Liberty Heights Avenue 66 Yrs th of stav in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. May 7, 1883 Male White Married 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Moving Picture Business INDUSTRY WHAT COUNTRY Maryland Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meyer Goldberg Minnie Gochrah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Mrs Esther B Goldberg Liberty Heights Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crushing injuries of chest (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Hospital Monument Street & Rutland Avenue 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY NOT WHILE Jumped from 5th story window WORK

Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide A, homicide , undetermined . 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.

24C, NAME OF CEMETERY OR CREMATORY

MEDICAL INVESTIGATOR

TION REMOVAL (Specify) Burial June 28, 1950 Mt Nebo Ce metery New York City DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24D. LOCATION (City, town, or county)

New York City

CREMA-

24A. BURIAL.

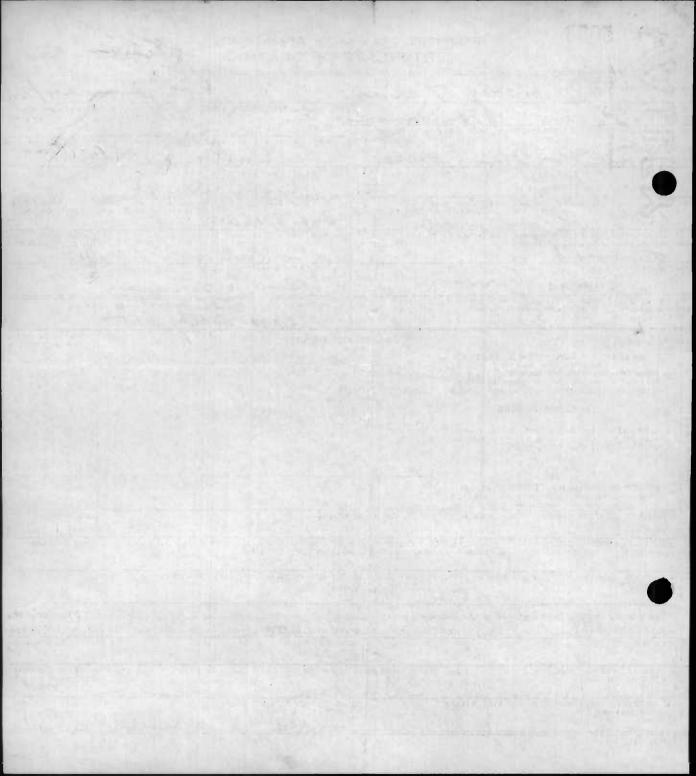
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE B. DODSON 6-24-1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 330 S.Patterson Park Avenue township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life rth of stay in Baltimore 330 S.Patterson Park Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours: Min WIDOWED, DIVORCED (Specify) Male Widowed 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. Watchman Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Dodson Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) Unknown No None Alma Dodson (daughter) 2103 eE. Fayette St. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 24 1950 that I last saw the 194 17 to 22. I hereby certify that I attended the deceased from. 20. 30, 19 50, and that death occurred at 1.30 p. m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED ~ 26 1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE Burial Oak Lawn Cemetery Baltimore County, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/EUNERAL DIR ADDRESS LOCAL REGISTRAR twiter Milians, Mill VS 150

De Morale P.P. Oue.

BALTIMORE CITY HEALTH DEPARTMENT

50 5639

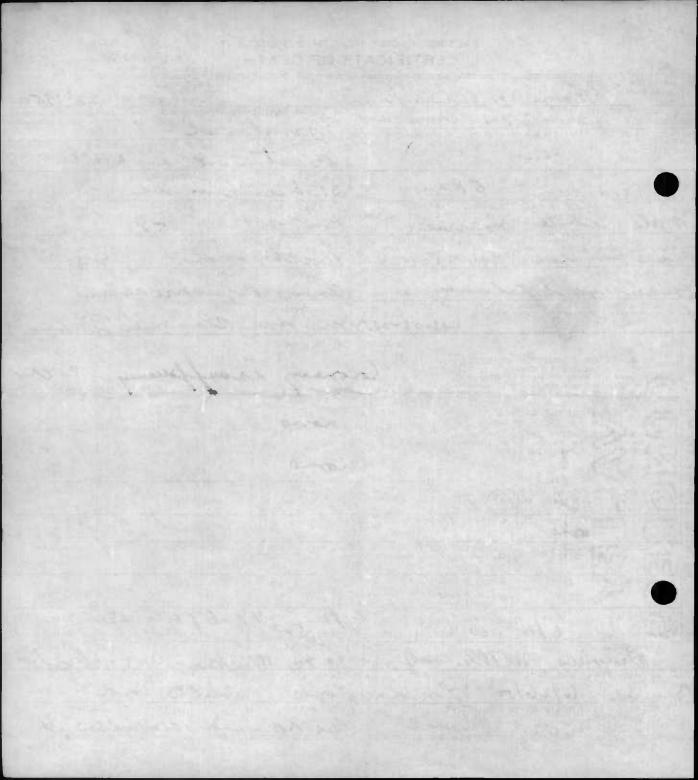
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Moary (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' outside corporate limits, write RURAL and give INSTITUTION (township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE In years II Under I Year If Under 24 Hours Min. 6. COLOR OR RACE If Unday 24 Hours 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Trousense more 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. AMED FORCES? Yes, no or unitary) (If yer, give war sydates of service) 16. SOCIAL DDRESS SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED JURY WHILE AT NOT WHILE! Fune 24, 19 30 that I last saw the 22. I hereby certify that I attended the deceased from gan 10. _ 1950, to_ deceased alive on Anne 24, 1950, and that death occurred at 12:19 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY ION. REMOVAL (Specify) vual 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR



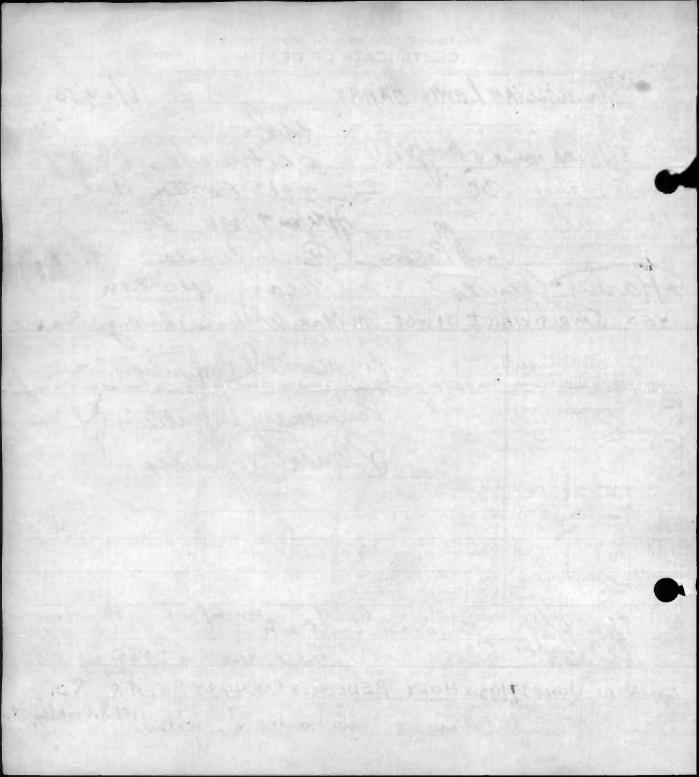
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 5640

BIRTH NO.	L OI DLAIN
1. NAME OF DECEASED (Type or Print) George M. Blanknes	2. DATE OF DEATH 22-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 3/30 Wilhem ave	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	
c. Egth of stay in Baltimore 6844. Mos.	D. STREET AOORESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. Male white Widowed, DIVORCED (Specify.) Married	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR INDUSTRY) Agent Handler May Paper	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. S.
Beaurequed Blankner	14. MOTHER'S MAIDEN NAME annie Brushroeller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. 218-03-257	My Many Blankner wither a
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	onset and officery 2 to
UNDERLYING CONDITION LAST.	non
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. OATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg.	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on 6, 1980, and that death occur	rred at 5 Pm., from the causes and on the date stated above.
Benjames Willer MD M.D.	20 20 Wilkers are britis
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 6/26/50 Zouslow	park Balto Ind
N 26 1950 REGISTRAR'S SIGNATURE	Hes. Y. Beyon 1812/Vollows Sh
VS 150 2 8	114 94a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DESTABLE (Type or Pint) S. PLACE OF DEATH B. A. USUAL RESIDENCE (Where decembed lived/If instifution, residence of the control of th	
1. NAME OF DEATH 2 Hour	i
3. PLACE OF DEATH 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution residents and property of the p	
S. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Institution) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street) D. STREET ADDRESS (If rurel, give location) A STATE D. STREET ADDRESS (If rurel, give location) A STATE D. STREET ADDRESS (If rurel, give location) A STATE D. STREET ADDRESS (If rurel, give location) A STATE C. CITY OR TOWN (If outside corporate limits, write RURAL street address or Instance of Instance or I	
B. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR HOSPITAL HOSPITAL OR HOSPITAL	
The stay in Baltimore S. SEX S. COLOR OF RACE T. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10. STREET ADDRESS (If rurs), give location) S. SEX S. COLOR OF RACE T. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10. STREET ADDRESS (If rurs), give location) S. SEX S. COLOR OF RACE T. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10. STREET ADDRESS (If rurs), give location) S. SEX S. COLOR OF RACE T. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) 10. STREET ADDRESS (If rurs), give location) Months: Days Hours Institution with list birthday of Months: Days Hours Institution with list birthday of Months: Days Hours II. MOTHER'S MAPIEN NAME 12. CITIZEN OF WHAT COLD WHAT COLD T. INFORMANT ADDRESS SECURITY NO. T. INFORMANT T. INFORMANT CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 10 CHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE, Specify) 11 CONTRIBUTION COUNTRIBUTE (Specify) 12 C. WHERE DID INTERVAL BECOMES INTERVA	
The of stay in Baltimore S. SEX G. COLOR Of RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givakinded) work does during most of working life, even if retired) 10B. KIND OF BUSINESS OR NDUSTRY 11B. MOTHER'S MAN EN NAME 11B. MOTHE	
IS. W.S. BECEASED EVER IN U.S. MANUEL FORCES! (See of service) 15. W.S. BECEASED EVER IN U.S. MANUEL FORCES! (Yes, no or subnown) U.S. MANUEL FORCES! (Yes, no	
15. WES DECEASED EVER IN U.S. AFMED FORCES? [16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [17. INFORMANT] ADDRESS DECEASED EVER IN U.S. AFMED FORCES? [18. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. AFMED FORCES? [18. SOCIAL SECURITY NO. WAS DECEASED IN U.S. AFMED FORCES? [17. INFORMANT] ADDRESS DECEASED EVER IN U.S. AFMED FORCES? [18. SOCIAL SECURITY NO. WAS DECEASED IN U.S. AFMED FORCES? [18. INFORMANT] ADDRESS DECEASED EVER IN U.S. AFMED	
15. W/S DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) 2/3 - 0.5 - 2.5 Mrs. (Very, eight way or dates of service) (Very, eight wa	VTRY?
(Xes, no or unbnown) 18.	
(Yes, no or unknown) (Interval Bet onset And on the Calling One of the Control of the Cont	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH NOT RELATED	N
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or boot home, farm, fectory, street, office bidg., etc.) 1NJURY OCCUR?	
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or bound in Baltimore City, give exact location in Baltimore City in Baltimore City, give exact location in Baltimore City in Baltimore City in Baltimore City in Baltimor	co
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21C. WHERE DID HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or location of	P
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP: YES N 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)	de
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP: YES N 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)	1
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP: YES N 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP: YES N 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or bout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)	
YES NOT SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) 219. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.)	
Σ	5Y?
240 TIME (Month) (Day) (Year) (Hour) 215 INJURY OCCURRED 215 HOW DID INJURY OCCUR?)
NJURY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 6/7, 19 5, to 6/24, 19 2, that I last sa deceased alive on 6/24, 19 2 and that death occurred at 30 h., from the causes and on the date stated a	
23A. SIGNATURE 23C. DATE SIGNATURE S	
M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (STION REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, town, or county) (Stion Removal (Specify) 24D. LOCATION (City, or coun	tate)
BURIAL DUNE 171950 HOLY REDEEMER CEM 4430 BELAIR RD.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 100 195 Conklus Charles & Seiley 901 8. Conklus Charles & Seiley 901 8. Conklus	St.
vs 150 496X5 94a	



TIMORE CITY HEALTH DEPARTMENT

50 5642

		DAL
50	N5.642	
BIRTH	NO.	

IRTH NO. 046		CERTIFICAT	E OF DEATH	Registered No	
NAME OF DECEASED				2. DATE	
Type or Print) Thomas Leo	Nugent			OF DEATH June	24. 1950
. PLACE OF DEATH:			4. USUAL RESIDENCE (V	Vhere deceased lived, If in	stitution : residence
Baltimore City, Maryland FULL NAME OF (If not in hospit	al or institut	tion, give street address or		B. COUNTY	before admission
OSPITAL OR US MARINE HO		* 11 1		outside corporate limits,	write RURAL and giv
WYMAN PARK DRIVE &			Baltimore	4-	6 township
THE DILLY OF	7130 0	Yrs.	DATE INOTE	rural, give location)	
th of stay in Baltimore		fetime Mos. Days	1631 Thames St	Balto. Md	
. SEX 6. COLOR DR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) XIXII	ths; Days Hours: Min.
m wh	divo	preed	Feb. 16, 1891	59 1	8
DA. USUAL OCCUPATION (Give kind of k done during most of worklog life, even if retired)	TOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF
Capt.	Seaf		Md.		WHAT COUNTRY
3. FATHER'S NAME	1 0001	W1 01	14. MOTHER'S MAIDEN N	AME	USA
Thomas Nugent,			Nora Winks		
5. WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
Yes WW1		7	Records - US M	arine Hospital	1. Balto. Md
18. 4/16 X		CAUSE	OF DEATH		INTERVAL BETWEE!
DISEASE OR CONDITION	DIRECTIV		The Villa Control of the Control of		DNSET AND DEATH
LEADING TO DEA	TH	Rhoums	atic heart disease		Unknown
(This does not mean the mode of heart failure, asthenia, etc. It mes	ns the diseas	g., (A) se,			
injury or complication which	caused death	h.) DUE TO			
ANTECEDENT CAUS	SES	Manhai	422		
DISEASES OF CONDITIONS			tis, embolic	***************************************	6 mos.
DISEASES OR CONDITIONS, I	STATING TI	NG HE DUE TO			
UNDERLYING CONDITION LA	AST.				
		(C)			
OTHER SIGNIFICANT COND	TIONS				
TRIBUTING TO THE DEATH, BUT	NOT RELAT	ED			A MARKET
19A. DATE OF OPERATION		FINDINGS OF OPER	PATION		20. AUTOPSY?
TOWN DATE OF OF EMAPORE OF I	JD. MAJOR	THE HOS OF OPEN	ATTON		YES ND
21A. ACCIDENT, SUICIDE,	1 21B. PL/	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	f in Baltimore City, giv	
HOMICIDE (Specify)		farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year)	(Hann)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	COCCUP?	
NJURY (Month) (Day) (Tear)			ED 21F. HOW DID INSORT	OCCORP	
	m.	WHILE AT NOT WHILE			
22. I hereby certify that I att	ended the	deceased from May	13 19 50 to J	une 24 , 1950	that I last saw th
deceased alive on June 2			rred at 7:45Am., from ti		
23A. SIGNATURE W Whom	Orm		3B. ADDRESS		6/26/50 DATE SIGNED
William Roemmich, S	urgeon	м. D.	U.S.MARINE HOSPIT	AL, BALTO., MD.	6/26/50
AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)		24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
BURIAL LUES	7 1918	PARKUINI	OD TX	OUI DR K	IVE
ATE RECEIVED BY REGISTRAR'	S SIGNATE	JRE I	25. FUNERAL DIRECTOR	17-01	APDRESS / ,
OCAL REGISTRAR	L 1/11	100	Q 14 X	2011, 901	& Coulbly

VS 150

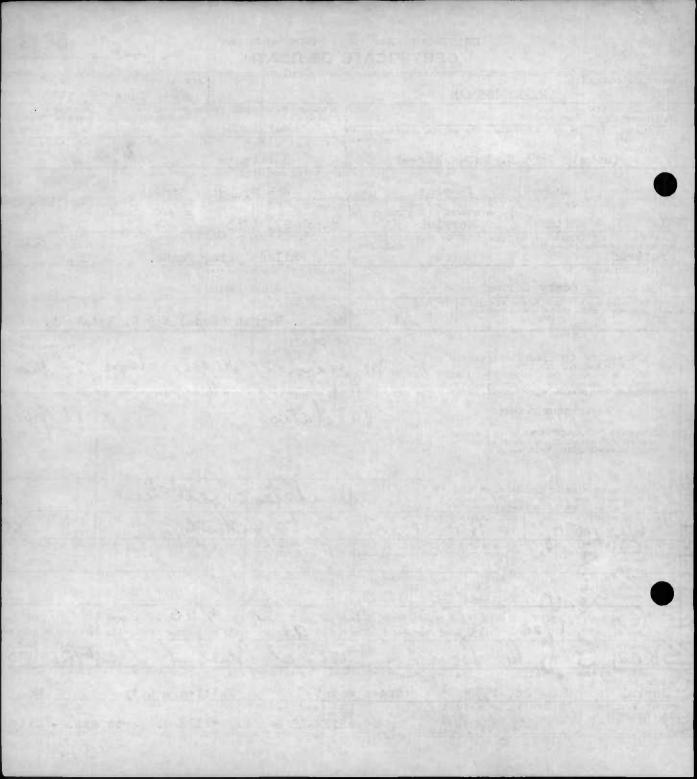
58A?

BALTIMORE CITY HEALTH DEPARTMENT

50 5643 tered No.

いい、いりはり	CERTIFICATE OF DEATH	Regist
BIRTH NO.		

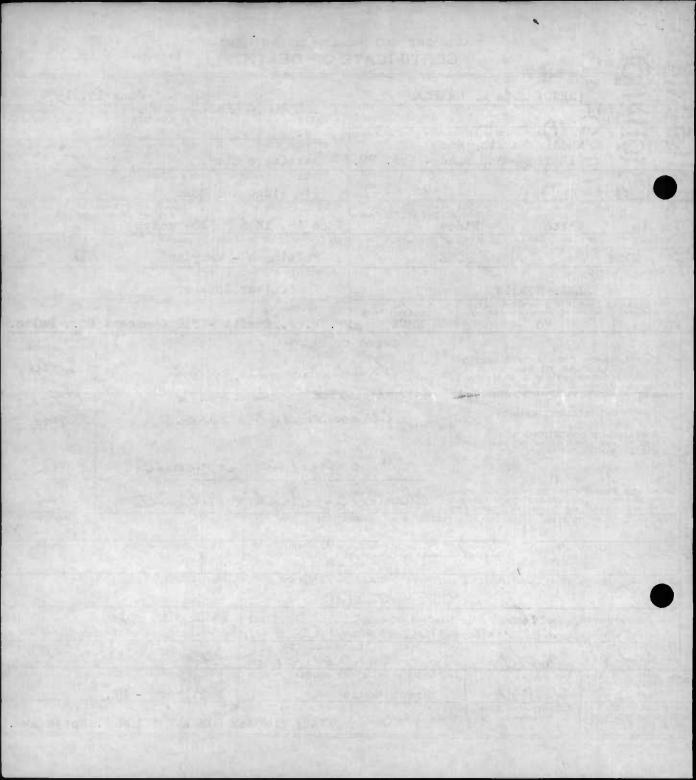
1. NAME OF DECEASED (Type or Print) HARRY	Y HERMAN		2. DATE OF DEATH June 2	5, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	***************************************	4. USUAL RESIDENCE (W			
B. FULL NAME OF (If not in hospite	al or institution, give street address of	1/	B. COONTT	derore admission,	
HOSPITAL OR INSTITUTION	location		outside corporate, limits, w	rite RURAL and give	
/:	N. Eutaw Street	Baltimore	11-0	3 township)	
c. Ogth of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If I			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years H Unde	n 1 Year H Under 24 Hours	
Male White	WIDOWED, DIVORCED (Specify Married	March 27, 1866	last birthday) Month	Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of	IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	01	CITIZEN OF	
work done during most of working life, even if retired) retired	Ice		Panna	WHAT COUNTRY?	
13. FATHER'S NAME	100		Philadelphia, Penna. USA		
Henry Hen	rman	Anna Heim	ı		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnhown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS	
NO NO	NONE	Messrs. Herman (s	ons) 855 N. Eu	taw St.	
18. 610 X	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION	DIRECTLY	1 1 1.	+	ONSE! AND DEATH	
(This does not mean the mode of	rH of dying, e.g., (A)	spearded the	generation	24 hrs.	
heart failure, asthenia, etc. It mea injury or complication which c	ns the disease, aused death.) DUE TO	1	1		
ANTECEDENT CAUS	and the same of th	pocardial de		,,	
Marie Countries of the Country of th	(B)	isstatus		11 grs.	
DISEASES OR CONDITIONS, II					
UNDERLYING CONDITION LA					
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	(C)				
OTHER SIGNIFICANT CONDI	TIONS CON-	n. 1 + 10	01 +		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	Mabeles "h	eures		
19A. DATE OF OPERATION 4 1	98. MAJOR FINDINGS OF OPE	RATION Q		20. AUTOPSY?	
4 6/12/50	Typertroph	1 1 1000	re	YES NO V	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLATE OF INJURY (e. g.) about bome arm, factory, street, dice blde.	in or 721c. WHERE DID (I: etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)	
210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?		
NJURY	m. WHILE AT NOT WHILE				
22. I hereby certify that I att		ree, 1931, to	125 19501	hat I last saw the	
	, 1950, and that death occu		he causes and on the c		
234. SIGNATURE		23B. ADDRESS /		30. DATE SIGNED	
Kennelh k	Hoya M.D.	1114 Dr. Tan	l dix	6/26/50	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C NAME OF CEMET	ERY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)	
Burial June 28,	, 1950 Green	Mount Bal	timore City	Md.	
	S SIGNATURE	25. FUNERAL DIRECTOR		DDRESS	
JUN 26 1950 / Musta	igton Williams M. M.	STEWART & MOWEN *	108 W. North	Ave City	
VS 150	0			100	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5644

BÍ	RTH NO.	X		CLIVIII ICAII	L OI BEATTI		
1. (T	NAME OF D	4 4	LLII.			2. DATE	
		(MRS.) AN	NA M. C	HAPMAN		DEATH June	25, 1950
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE ()	Where deceased lived, If in B. COUNTY	stitution: residence before admission)
H	SPITAL OR	Gaddis Nu			Md.	f outside corporate limits.	write RIBAL and give
IN	STITUTION			ad - Rol. Pk.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City 27 township)		
				Yrs.	o. STREET ADDRESS (If	rural, give location)	
c.	eth of s	tay in Baltimore		Mos. Days	218 Ridgewood	Road	
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it Un	der 1 Year II Under 24 Hours hs: Days Hours Min.
	Female	White	Wid		June 15, 1846	104 years	no. Days mours. mm.
	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
12	NON		NO	NE	Baltimore - M		USA
1.3	. FAIRERS N				14. MOTHER'S MAIDEN N		
		ALEX. NORE			Louiser Sp	encer	
Yes	, no or naknowa)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
1	NO	NO		NONE	Mr. M. P. Morfit	- 212 Chancery	Rd., Balto.
	18. 3:	32X.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		2			.2
	(This does	LEADING TO DEA	of dying, e. s	(A) 72m	cho meunia,	acuti	24 ch.
	heart failu injury or	re, asthenia, etc. It mes complication which	ans the diseas caused death	e, .) DUE TO CERE	cho presenia, co	des =	1 cm.
		ANTECEDENT CAUS	SES	CINI	has arterio	126	12-40
	DISEASE	S OR CONDITIONS, 1	F ANY. GIVIN		no anaio	raceous	Joi.
	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				
2				Leve	alyst arterio	rellinia	> 4,
=		11		(C)	1		
L'E	TRIBUTING	SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	o Cherry	hypeilyshin a	rethritis	1 ym.
1				FINDINGS OF OPER	RATION		20. AUTOPSY?
2			I ale mi a	CE OF MUNICY (n or 21c. WHERE DID (If in Baltimore City, giv	YES NO
ED	HOMICIDE	ENT. SUICIDE. (Specify)	about home, f	CE OF INJURY (e. g., i arm,factory,atreet,office hldg.,	etc.) INJURY OCCUR?	II in Baltimore City, giv	e exact location)
Σ	21p. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
while at Not while No. While No. While No. While No. While No. While No. While No. No. Whi							
deceased alive on ferre 24, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above						date stated above.	
ı	23A. SIGNA	TURE SULLA	1	M. D.	Madria aut 1	310.	23c. DATE SIGNED
2	A. BURIAL.	CREMA- 248. DATE	1	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	(State)
110	Burial	6/27/19	350	Green Moun	t	Baltimore - Md.	
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
L	CAL REGIST	950	rapor //	maille, Mili	STEWART & MOWEN C	OMPANY * 108 W	. North Ave.



324 0 5645 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

50 5645

U 0040 BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	RANDOLPH	MITCHELL	2. DATE OF June 2	3, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in b) HOSPITAL OR	ospital or institution, give street address	A. STATE Maryland	E (Where deceased lived. If inst B. COUNTY (If outside corporate limits, w	before admission)
INCTITUTION	Baltimore Gen. Hosp.	Baltimore	(If rural, give location)	township)
c. eth of stay in Baltimor	re Mo	s. 1015 Leaden	hall Street	
Male Colore	d WIDOWED, DIVORCED (Spec	June 25, 190	last birthday) Month	i l Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kook down down down down down down down down	ind of Mos. KIND OF BUSINESS OR (NDUST)	11. BIRTHPLACE State	n NAME	CITIZEN OF WHAT COUNTRY?
16. WAS DECLASED EVER IN U. S. Al Yea, no or unknown) (If yea, give wer or	RMED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT	ment ADDE	RESS
DISEASE OR CONDITI LEADING TO I (This does not mean the m heart failure, asthenia, etc. It injury or complication whi	ON DIRECTLY DEATH de of dying, e.g., means the disease, ch caused death.) DUE TO	E OF DEATH ertensive cardio	vascular disease	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
OTHER SIGNIFICANT CO	BUT NOT RELATED TION CAUSING IT.			
19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OP			YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTROL CAUSE OF DEA	B. about home, farm, factory, street, office bid	(., in or 2 ic. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	exact location)
21p. TIME (Month) (Day) (Y	(ear) (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI M. WORK AT WOR	LE C		
the evidence obtained	charge of the remains described by said Autopsy, Inspection or ion resulted from: <u>natural eau</u>	Autor Inquiry, find that sai	psy, Inspection or Inquiry d deceased died on the d	hereon and from lay stated above, termined \square .
23A. SIGNATURE	8. Durlachen	M.D. MEDICAL INVESTI	GATOR	6-23-50
ZAA. BURIAL, CREMA- TAON, REMOVAL (Specify)	99-195-2 91/V. La	uss Clim I	MARKET OF COLOR OF CONTROL OF CON	Pa.
DATE RECEIVED BY REGISTRAL LOCAL REGISTRAR JUN 26 1950	he's signature the ling for I villance, Alex	Mr. Katu Rm	Chama Schro	eder It
V S 151	960	449	93) 1

BALTIMORE CITY HE	EALTH DEPARTMENT	40
54 No. 5646 CERTIFICAT	E OF DEATH Registered No.	
Type or Print) Polerto Boston	2. DATE OF DEATH	A CA
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: r	esidence admission
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	mel	
ONNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RUR.	AL and give
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
rth of stay in Baltimore Days	644 h. Larey 71 -	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years Hunder Year last birthday) Months: Days E	f Under 24 Hours Lours Min.
A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZE	
Machine Operator Multon Kell Inclose	a.a. Co. Med 2.30	COUNTRY
B. PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Olyfamin Oden	Tacheal Kenson	
5. WAS FECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
18. 5.0/V	JOHNS FIOPKINS HOSPITAL	DETWEEN
DISEASE OR CONDITION DIRECTLY		ND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	exceptamenis survey 26	wks
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		W.H.,3
ANTECEDENT CAUSES		
(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST. (C)		
11 12		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AL	TOPSY?
	YES	No C
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., c		eation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
	ne 2019 600 June 25, 196 What I las	
deceased alive on 19 and that death occur		
William W. Winhermy. o.	JOHNS HOPKINS HOSPITAL 6/25/	50
AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF SEMETE	RY OR CREMATORY 240. LOCATION (City, town or county)	Watate)
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR ADDRESS	74 N
DCAL REGISTRAR	Wast Phillips Rel	321N

VS 150

4962V

72a

Later and Contraction 32 6 water him mount Thrombertopene purposes 2933 the first of the country Linvala, Cd OJ Linsillies 6/25/35 The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 0 5647

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) PEARL MOY	Œ		2. DATE OF DEATH June	23 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Who		
B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR	et address or location)	Maryland		
INSTITUTION	rocation)	CACES OF STREET	tside corporate limits,	write RURAL and give township)
University Hospital		Baltimore	18"	-01
	Yrs. Mos.	o, STREET ADDRESS (If ru		
c. c. rth of stay in Baltimore	Days	416 N. Fremo		
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORD		8. DATE OF BIRTH). AGE (In years It be	der I Year It Under 24 Hours hs: Days Hours Min.
Female Colored Married		May 1919	36	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSIN ork dope during most of working life, even if retired)	ESS OR	11. BIRTHPLACE (State or fore	ign country) 1:	2. CITIZEN OF
Housewife	Medeliki	FAMANS / /	VO	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	,,,,,,,
Miltan Tonge		Zavuia	7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL.	17. INFORMANT	100	DECC 11 = 11
Yes, no or unknown) (If yes, give war or dates of service) SECUF	RITY NO.	Take Many	C a c	DRESS 404
110.		JODN INOYE	C-22	1/2 57,
18. 560X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.g., (A).	Degen	eration of liver, s	subacute -	****
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	x par	enchymatous		1
ANTECEDENT CAUSES				

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO				•
UNDERLYING CONDITION LAST.				1 1 10 1 10
5				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	OF OBER	ATION		20. AUTOPSY?
194. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPER	ATION		YES X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJU	URY (e. g., it	or 21c. WHERE DID (If i	n Baltimore City, give	
UNDERLYING OR CONTRIB- about home, farm, factory, stre				
UTING CAUSE OF DEATH.				
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY WHILE AT	Y OCCURRI	ED 21F. HOW DID INJURY O	CCUR7	
m. WORK	AT WORK			
22. I certify that I took charge of the remains d	leseribed a	bove, held an Autor		thereon and from
the evidence obtained by said Autopsy, Inspe	ection or 1	Autopsy, Ins	peetion or Inquiry	day stated above
and death in my opinion resulted from: natu	ral causes		, homicide , une	letermined [].
23A. SIGNATORE		238. CHIEF MEDICAL EX.	AMINER 23c.	
1 miles	М	.D. MEDICAL INVESTIGATOR	AMINER Jun	18 24, 1950
24A. BURIAL, CREMA- 24B. DATE 24G NAME (DN) REMOVAL (Specify)	OF CEMETE	RY OR CREMATORY 24D. LOC	ATION City, town, or	county) (State)
1311/10/ 10-96-1950 91/7	1116	us Com X3	1/10	1/10/
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	AAAA	25. FUNERAL DIRECTOR	A	DDRESS Z
LOCAL REGISTARY REGISTRAR'S SIGNATURE		Miray Xot: R.M.	no del	4.04.5
1011 2 0 100 0	- 1	I was Viger I. Mr	liene wh	weren &
V S 151			125	9. 1
			100	

THE PARTY AND PERSONS AND SECURIZANT

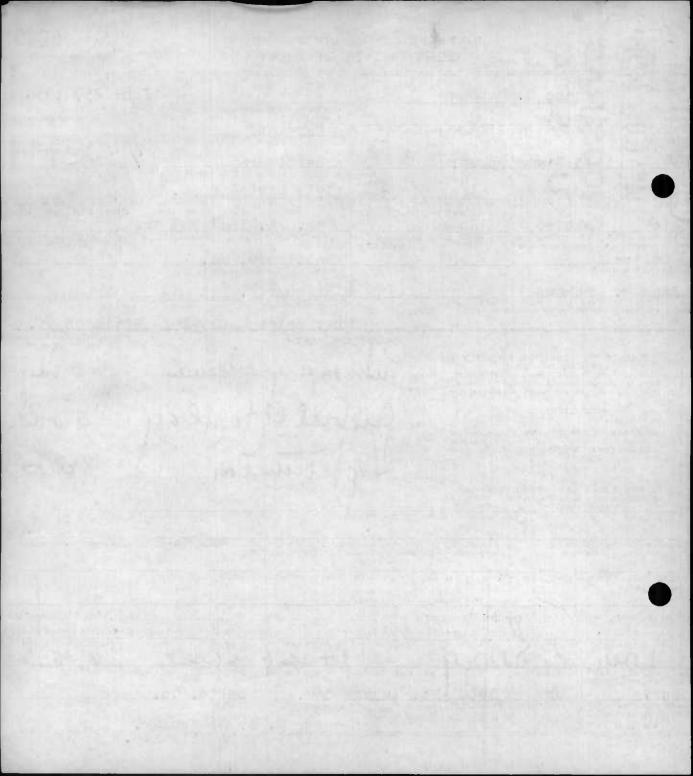
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5648 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ande DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 443357 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITET Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify), last birthday) Months: Days Hours Min. ALAK OA. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11_BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? miserch 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eanors 5. WAS DECEASED EVER IN U. S. ARMED FORCES.
(ce, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. OHNS HOPKINS HOSPITEL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY metastatic Carenona Carunoma of Breast LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY denochrisama 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 210 WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 6 - 23 -28 - 19 that I last saw the 195 Q to_ deceased alive on 6-33-, 19 - and that death occurred at 11:25 m., from the causes and on the date stated above. IOMAS HOPKIRS HOSPITEL 24A. BURIAL CREMA-I 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, town, or county E RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR

NOT A MEDICAL EXAMINER'S CASE ER. METATA TO CARRELLE a secretary was the THE TENED STATE OF THE STATE OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 5649

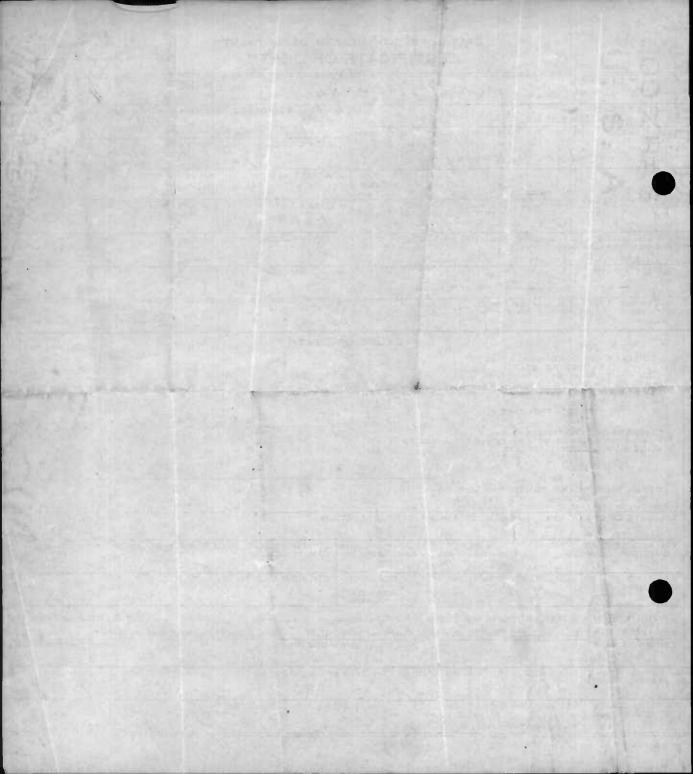
NAME OF DECEASED 2. DATE Type or Print) DEATH June 25, 1950 Isaac S. Mathews 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 1913 Division St: Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore 1913 Division St. Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Mar. 14, 1867 83 y Colored Widowed OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. Retired 3. FATHER'S NAME John W. Mathews Barbour E. Mathews 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or bukuowu) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Division St rs. Helen Sanks-1913 INTERVAL BETWEEN 18. AUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OUF TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED JURY WHILE AT NOT WHILE AT WORK WORK _, 19___, that I last saw the 22. I hereby certify that I attended the deceased from_ __, 19___, to_ , 19 and that death occurred at___ _m., from the causes and on the date stated above. deceased alive on 234 SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) June 28 1950 Mt. Auburn Cem. Burial Balto, Co. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS Thurtington Williams, Mil George T. A. Gibson Sr. VS 150 \$ 3a



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE VOSTMANN Type or Print) OF WILLIAM MARTIN DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give IOSPITAL OR location) C. CITY OR TOWN NSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Nanna th of stay in Baltimore Davs 9. AGE (In years | I Under I Year | I Under 24 Kaus last birthday) | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) QA. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES?
es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. G. Roder 1075. K INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Linen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21p TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that Lattended the deceased from. . 1948 to . 195 that I last saw the deceased alive on 10 and that death occurred at 11 2 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY ATE RECEIVED BY 25/ FUNERAL DIRECTOR

VS 150



5651

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 565.1

Registered No._

INTH NO.	
NAME OF DECEASED ERNEST E. BRE	WER. 2. DATE OF DEATH JUNE 24-1950
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND
OSPITAL OR ISTITUTION 708 W 33 rd ST	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	BALTIMORE 15-06
Yrs. Mos.	708 W 33 -4 ST.
gth of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	SEPT-6/894 55 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
k done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
PERATOR FILLING STATION	14. MOTHER'S MAIDEN NAME
UNKNOWN	2
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LOUELLA:
s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	3 2 7 -
10 6 4	
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	annes Thromboses
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	410000
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	The state of the s
DISEASES OR CONDITIONS, IF ANY, GIVING	113051171
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	115
CHARLETING CONDITION EAST.	hele meleter
[[(c)	70000
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	
21D. TiME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
JURY WHILE AT NOT WHILE	TIP TOWN BIB INCORT COCCUR.
m. WORK L AT WORK L	
22. I hereby certify that I attended the deceased from the	1950, to June 24, 1950, that I last saw the
	red at 7:50Am., from the causes and on the date stated above.
23A. SIGNATURE 2	3B. ADDRESS 23C. DATE SIGNED
4A. BURIAL, CREMA- 24B. DATE / 24C. NAME F CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
AA. BURIAL, CREMA- BAB. DATE 24C. NAME F CEMETE	a -1
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
ML REGISTRAR SOIGNATURE	# 18/1 - au 3010 Da 1
White for Milianie, Mill Co	usun 6: Nonovan 3818 / Jolang
VS 150	61 twe

Dr. Poet 612 wilton Rd. Monday - 6 to 9 PM

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution A STATE B. COUNTY before admission) A. Baltimore City, Maryland MARYIAND (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos 1030 N. MONROE gth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) ork doneduring most of working life, even if retired) WHAT COUNTRY? HANOVER Lo. Va. - ABOREA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARTHA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. Yes, no or unknown) CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Laceration of the liver with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, secondary infarction injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. -11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Fracture of the ribs TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION Ruptured liver with necrosis of larger portion of June 15, 1950 21c. WHERE DID 21A. EXTERNAL CAUSE WAS
PRIMARY A OR CONTRIBUTING | about home, farm, factory, street, office bldg., etc.)
CAUSE OF DEATH. UNA ALLE OF LODERY (e.g., in or (If in Baltimore City, give exact location) INJURY OCCUR? Bethlehem Steel Co., Sparrows Point Industrial place 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OE_INJURY Brick wall fell on board throwing man 1950 3:05 me A . m. 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ION_REMOVAL (Specify) 50 IRGINITT. DATE RECEIVED BY OCAL REGISTRAR Wm. A. JACKSON-916 VS 151

Sakanan ayaniya irahaka madi xa sib xa

A. Baltimore City, Maryland

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

B. FULL NAME OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

MARY/AND

JOHN A. TYLER

(If not in hospital or institution, give street address or

before admission)

Registered No.

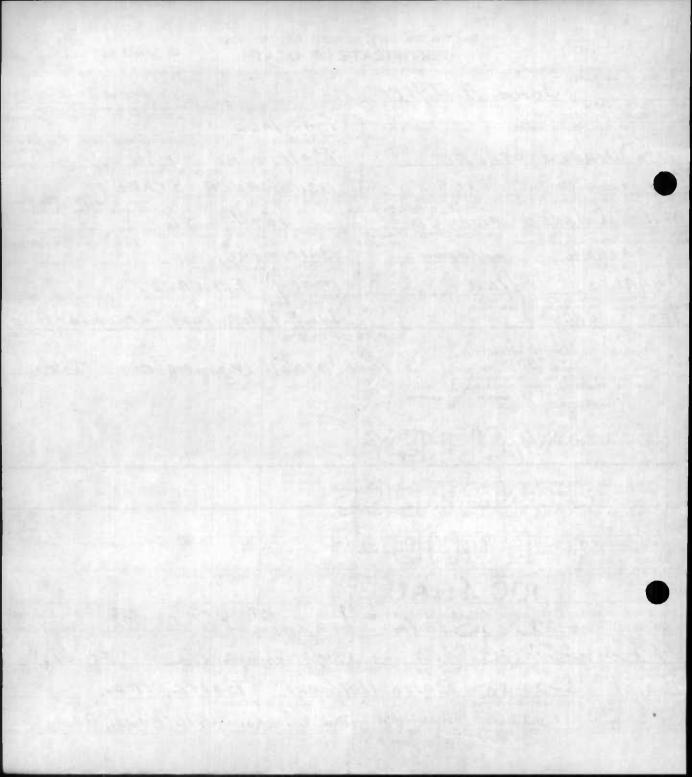
OF 6-23-50

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY

NSTITUTION IOCATION	(If outside corporate limits, write KUKAL, and give
1130 WARNER STREET	BALTIMARE 21-01 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore LIFE Mos.	1130 WARNER STREET
SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year 11 Under 24 Hours
MALE COLORED WIDOWED Specify	1894 Sast birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
LABORER UNKNOWN	BAITIMORE, MD. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES ITER	MARY EDWARDS
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ES WW. # /.	JNO. E. TYLER-1029 So. FREMONT AUE
18. 422 N . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1
(This does not mean the mode of dying, e.g.,	condial Decemenation 2008.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i	n or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	INJURY OCCURY
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OP NJURY WHILE AT NOT WHILE	
m. work AT WORK	20 10 10 10 10
22. I hereby certify that I attended the deceased from	7 , 1950 to 6 - 2 3 , 1950, that I last saw the
deceased alive on 6-23, 1956, and that death occur	red at 6,464 m., from the causes and on the date stated above.
The multinge Olina	12.600 - 0. 6/2/1.0
4A. BURNAL, CREMA- 24B. DATE 24d. NAME OF CEMETE	Die town of the
ON REMOVAL (Specify)	
BURIAL 6-27-50 LIPITO. NA	
ATE RECEIVED BY REGISTRAR'S SIGNATURE	
1011 21 1000 Timburg on / Imake 11/10	Wm. A. JACKSON + 916 PENNA., AJE.
VS 150	000
VS 150	937

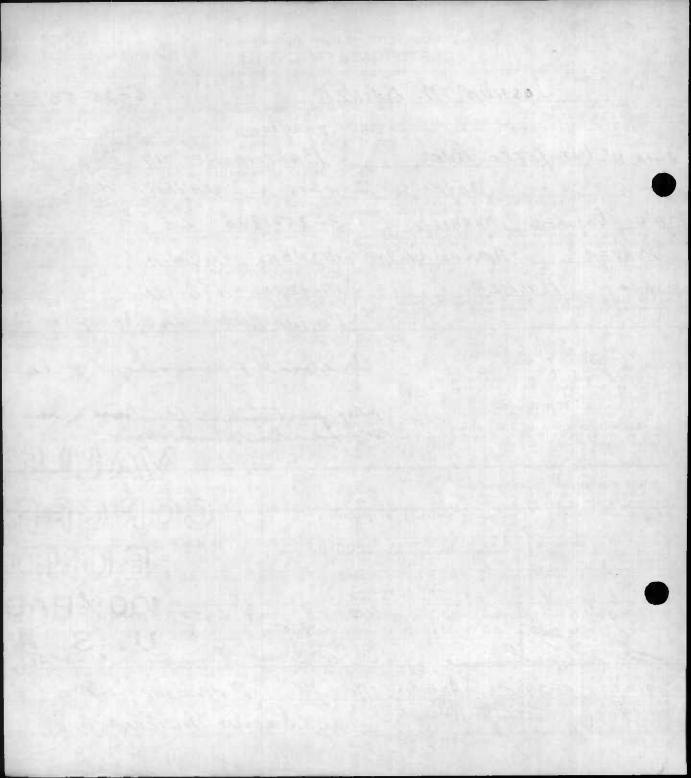


BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OSHUA M. KUCKER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1615 W BAITIMORE D. STREET ADDRESS (If rural, give location) Yrs. Moss th of stay in Baltimore LAFAYETTE 6. COLOR OR RACE AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. MARAIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ORTER La. INC. YIRGINIA 3. FATHER'S NAME MOTHER'S MAIDEN NAME VOSHUA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 1615 W. LAFAYETTL INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 10 -15, 1949to 6-25, 1956, that I last saw the deceased alive on 6-25, 1950, and that death occurred at 7. 50, from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 6-26-50 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 248. DATE RECEIVED BY REGISTRAR'S SIGNATU 25. FUNERAL DIRECTOR ADDRESS A. JACKSON - 916 TENNA.

VS 150

1 sallbari



BALTIMORE CITY HEALTH DEPARTMENT 5655 Registered No. 565 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Albert Ware June 24, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or JAITIMOR HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hosp. township) TIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore /ENNSY IVANIA Days 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 1 Year 9. AGE (in years) H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. male Colored 4-1-1900 SINGLE 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? PORTER BAITIMORE MO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WARE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. MARY W. FOOTE. 153.X. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

Undet.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT

22. I hereby certify that I attended the deceased from 5/3/

deceased alive on 6/24, 1950, and that death occurred at 7 43

24B, DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

24c. NAME of CEMETERY OR CREMATORY

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1850 to

6/24, 1950, that I last saw the 2m., from the causes and on the date stated above, 28c. DATE SIGNED

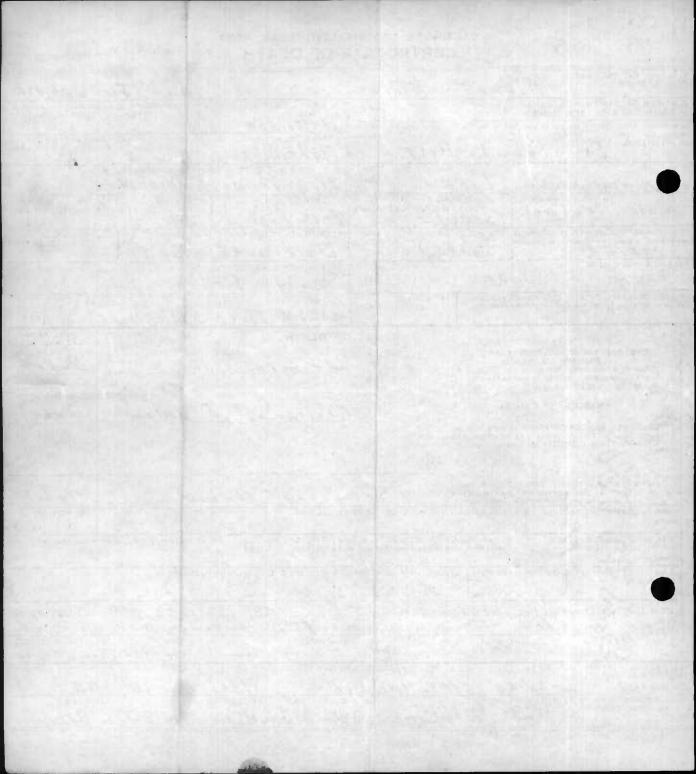
(If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

Wm. A. JACKSOW-916 (ENNA.

VS 150

NJURY

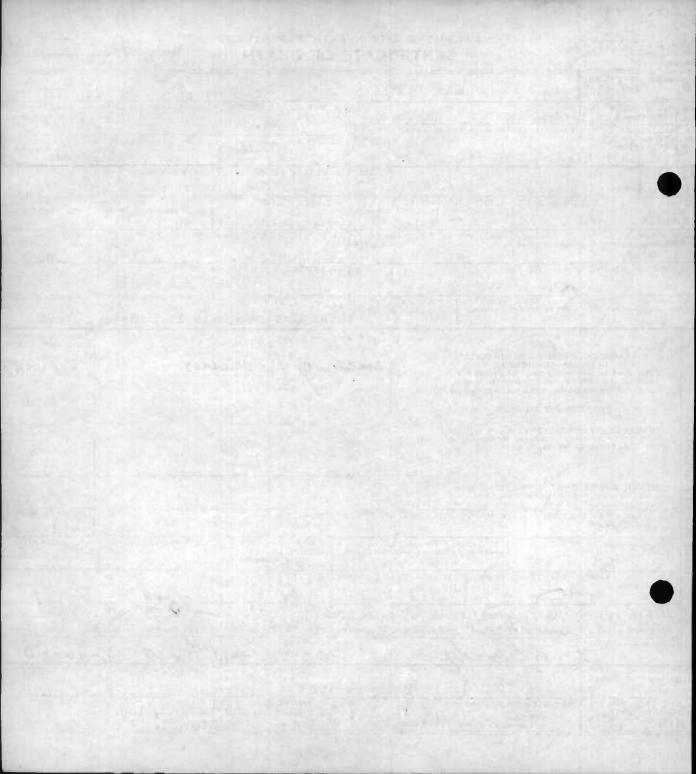


522 50 5656

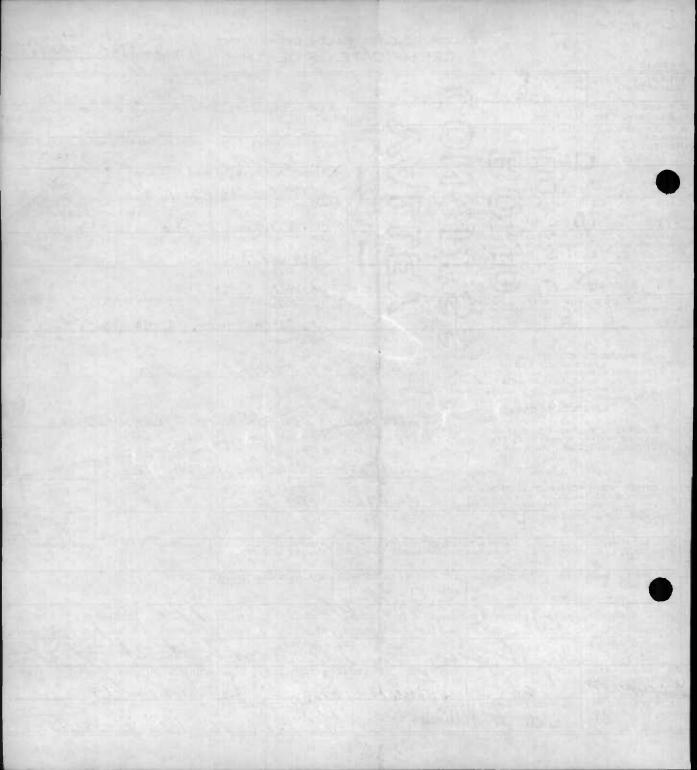
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5656

111111111111						
NAME OF Type or Print)	DECEASED BARBAR	RA MAGDI	LEN RYMKIEWIÇ	Z	2. DATE OF DEATH June	25, 1950
	DEATH: City, MarylandPir OF (If not in hospit			4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution : residence before admission)
OSPITAL OR		R	location)		outside corporate limi	ts, write RURAL and give township)
			Yrs.	D. STREET ADDRESS (If		
. gth of	stay in Baltimore		life Mos.	4509 Hard	court Road	
. SEX	6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under I Year H Under 24 Hours
emale	white		ED, DIVORCED (Specify)	Dec. 4, 1900	49	onths Days Hours Min.
OA. USUAL OF done during mos	CCUPATION (Give kind of tof working life, even if retired)	10s, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	NAME	a	t home	Baltimore, Md.	AME	U.S.
	Joseph Ry	mki owi c	17		na Kasprowic	ry
S WAS DECEASE						
es, no or nnknown	SED EVER IN U. S. ARMEI	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
no				Miss Theresa Rym	ciewicz, sis	ter, above
(This do	ASE OR CONDITION LEADING TO DEA es not mean the mode of	TH of dying, e. g	Caux	er of Reclu	ins.	INTERVAL BETWEEN ONSET AND DEATH
	lure, asthenia, etc. It mes r complication which					
	ANTECEDENT CAU	SES				
HAT HE HAVE	ATTIMORDINITI OAG	,	(B)			
RISE TO	ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH	IG HE DUE TO			
The street			(C)		***************************************	
TRIBUTIN	SIGNIFICANT COND	NOT RELATE	.D		NG HOET	
	OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
in	one o					YES NO V
21A. ACCIE HOMICIDE	CENT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office hldg.,		f in Baltimore City,	give exact location)
21p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		OCCUR?	
NJURY	noul		WHILE AT NOT WHILE	mou	The.	
00 77		120	WORK AT WORK	m 24 160 toh	ento Mos	A
	by certify that I att			2 (74	/ //	O, that I last saw the
23A. SIGNA	alive on Could	7, 1800,		23B. ADDRESS	ne causes and on t	he date stated above.
25A. 316N	118 1	mid	u i	5/16 Andland	Kud	1-26-50
4A. BURIAL,	CREMA- 24B. DATE	70 40	4C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	OCATION (Cit) town	or county) (State)
Burial	June 28,	1950	Holy Rosary C	emetery / Germa	an Hill Rd.	Balto.Md.
OCAL REGIS		SSIGNATU	Villians, Hill	25 FUNERAL DIRECTOR Schimunek Funera 2601-3-5 E. Madi	al Home, Inc.	ADDRESS
VS 150	31341	0 -	ST TO COMPANY OF THE STATE OF T			11/2
		21 THE REST OF THE	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T			California III



P	50 IRTH NO.	5657	BAI	CERTIFICATI	E OF DEATH	Registere	50 5657
1.	NAME OF D	ECEASED	2000			2. DATE OF	21 2
	PLACE OF D		Bens	0.71	4. USUAL RESIDENCE (V		
в.	FULL NAME	City, Maryland OF (If not in hospit	al or institut	ion, give street address or	A. STATE Maryland	Ba 1 ti	before admission
	OSPITAL OR			location)			mits, write RURAL and give
1	17 South	Ba ltimore (deneral		ocheann.		township
c.		tay in Baltimore		Yrs. Mos. Days	STREET ADDRESS (If		5300
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	# Under 1 Year If Under 24 Hours Months: Days Hours: Min.
1.0	141	IW	Marr	ied	Nov.19,1917	32	
QF.	done during most o	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	echanic,		0.3	AMA	Baltimore, Md.		
	C.L.Ben				14. MOTHER'S MAIDEN N.		
15		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Gertrude Buell		
Y e	ves ver unknown)	(If yes, give wer or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	18. 79	1 1111 6		XXX	Mrs Clyde Bens	on 6716 Ca	mfield Road
	7 /	2 X	2125651	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	ACUTE	PULMONARY	FDEMA	
	heart failu	not mean the mode oure, asthenia, etc. It mea	ns the diseas	se,			
	mjury or	complication which		a.) DUE TO			
2		ANTECEDENT CAUS	SES	HYPER	TENSIVE CARDIO	VASCUIAR	DISEASE
2	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	NG		etak destruction Kelding (fil. fil. fil.	
ζ	UNDERLY	TING CONDITION LA	ST.	7E DOE 10			
í				CHAIN	IC GLOMERULO!	VICPHRITIS	
	OTHER S	II SIGNIFICANT CONDI	TIONS CO				
1	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED RENAI	LITH 18515		
1				FINDINGS OF OPER			20. AUTOPSY?
5							YES NO
100	HOMICIDE	INT, SUICIDE, (Specify)	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	to or 21c. WHERE DID (I	f in Baltimore City	, give exact location)
-	210, TIME (Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	NO NO		m.	WHILE AT WORK			
	22. I hereb	y certify that I att			1950 to	6/26 19	Shat I last saw th
	deceased al	ive on 6/26	1950	and that death occur	red at 3:40 Pm., from t	he causes and on	the date stated above
ı	23A. SICNAT		0 1		3B. ADDRESS	1. 1/2000	23c. DATE SIGNED
	Sar	nuell. s	cal	La M.D.	12/30 lgm	of well	0/26/50
2	BEMOVAL S	pecify) 248. DATE	1	24C. NAME OF CEMETE	RY OF CREMATORY 240 1	OCATION (City, toy	vn, or county) (State)
		0/28	001	Lourson	INR 10	Mmore	1113
	CAL REGIST	RAP (A.	SIGNATU	REV.	25. FUNERAL DIRECTOR	1,4,41	ADDRESS
	UNZI	1501 Phustic	aren III	and the little	M. SHOW	c/2/28/	Van S
	VS 150	i comin	- The state of the	高级和阿姆斯的 2/c	36		1210
				220			131a



1950	5658
IRTH NO.	
NAME OF D	BRYAN
. PLACE OF E	City, Mary
FULL NAME	

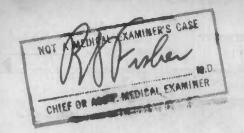
1010	The same					ra	FORM	
1 250	5658		TIMORE CITY HE		72		5653	
BIRTH NO.			CERTIFICATI	E OF DEATH	- Regist	tered No		
1. NAME OF I	DECEASED				2. DATE			
(Type or Psint)		HULBUS			OF DEATH	June 25	1950	
3. PLACE OF 1 A Baltimore	DEATH: City, Maryland			4. USUAL RESIDEN	NCE (Where deceased I		ution : reside	
B. FULL NAME		al or institut	ion, give street address or	Maryland	5. 555,		Descrit admi	10010117
HOSPITAL OR			location)	C. CITY OR TOWN	(If outside corpora	ate limits, wri		
43	South Baltin	more Ge	meral Hospital	Baltimore	2-2-	0	tow	vnship)
			Yrs.	D. STREET ADDRES	SS (If rural, give locat	tion)	J. F.J.	
c. In th of	stay in Baltimore		Mos. Days	118 W. Lee	Street			
5. 8	6. COLOR OR RACE		E. MARRIED, /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In y	ears if Under lay) Months:		24 Hours
male	white	Marr		Oct 12.1896	53	ay) Months	Days Hours	win.
IOA. USUAL O	CCUPATION (Give kind of		OF BUSINESS OR		ate or foreign country)		CITIZEN OF	
OH	of working life, even if retired) ter. Unmployed	Но	use	Somerset	Co., Md.		WHAT COU	NTRY?
13. FATHER'S		110	426	14. MOTHER'S MAIL				
Da v	id Phoebus			Bertha A	ustin			
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRE	SS	
No	(If yes, give war or dates	oi service)	None	Edgar D. Pho	oebus, 2601 Gr			
1 10	0.		The second second		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NTERVAL BE	TWEEN
	931.0		CAUSE	OF DEATH			ONSET AND	
	SE OR CONDITION	TH	Heat	stroke				
(This doe heart fail	es not mean the mode oure, asthenia, etc. It mea	f dying, e. 1 ns the diseas	6.4 (A)	DOLOKO	***************************************			*********
injury or	r complication which e	aused death	DUE TO			11 1000		
	ANTECEDENT CAUS	ES						
DISFASE	S OR CONDITIONS, II	F ANY GIVE	(B)	***************************************			***********	***********
RISE TO	THE ABOVE CAUSE (A)	STATING TH						
C C C C C C C C C C C C C C C C C C C	TING CONDITION LA	51.	(C)	•••••••	***************************************		****************	
	П							
	SIGNIFICANT CONDI							
	DISEASE OR CONDITION							
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOP	SY?
				Love Hursen	D /// !- D-lai-	City		NO L
	NAL CAUSE WAS		ACE OF INJURY (e. g., li arm,factory,atreet,officebldg.,e	te.) INJURY OCCUR	?	City, give e	xact location	1)
	CAUSE OF DEATH.	Но	me	118 W. L	ee Street		2 4/1	
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	Apparently	became overh	neated d	luring h	not
ne 2	4, 1950		WORK NOT WHILE	x afternoon	and evening			
2. 1 certs	ify that I took char	ge of the	remains described a	bove, held an	autopsy	th	creon and	from
the cv	vidence obtained by	said. Auto	psy, Inspection or I		utopsy, Inspection or Insaid deceased died		u stated	above.
and de	eath in my opinion	resulted f	rom: natural causes	, accident K, 8	uicide 🔲, homicide	e 🔲, undet	ermined [].
23A. SIGNA	TURE //	0	0 0	238. CHIEF MED	DICAL EXAMINER	1 23c. DA	TE SIGNED)
KHO	reley H. L	Lux	lacter	D. MEDICAL INVES	STIGATOR	June		50
ION, REMOVAL	Specify) 24B. DATE	1	24c. NAME of CEMETE	RY OR CREMATORY	24b. LOCATION (City	y, town, or co	unty) (S	State)
Burial	6/28/50		Meadow Ridg	e	Dorsey. M	d.		
OCAL REGIST		. Manager All's	111 11 = 1	25 FUNERAL DIRE		ADE	DRESS	
IN 2/19	50 Thurstie	48/00 /	MULBING MAR	In sone	my 12/15	1 Jai	4 1/	
S 151	15 1	A Company	DESCRIPTION OF THE PERSON OF T			10.	17	/
/	V-981.0		306	19		191	4	

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

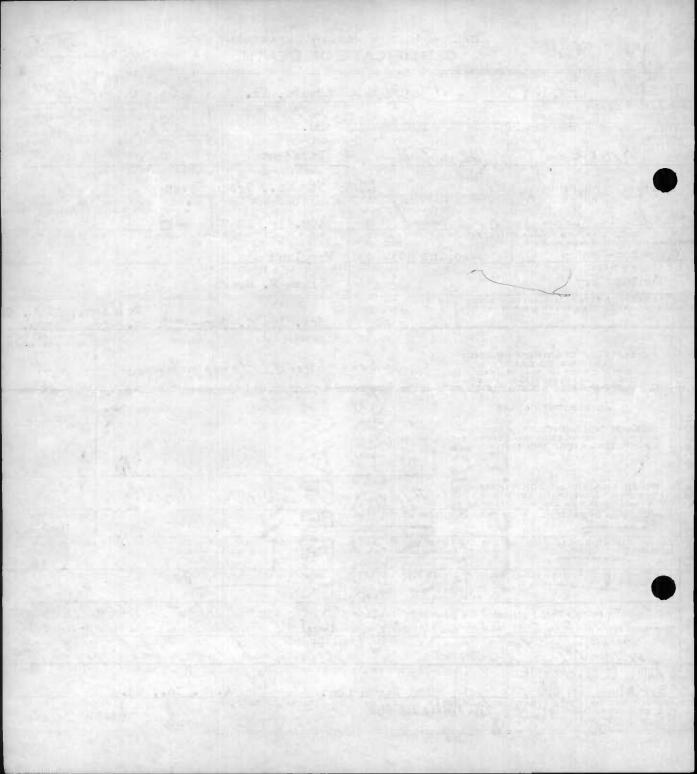
50 5659

Registered No.

NAME OF DECEASED Type or Print)		
WILLIAM (* ITEMAN)	1 EY 2. DATE June 26. 1950	
Baltimore City, Maryland 201 Chesakeake ave	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admis	
s. FULL NAME OF (If not in hospital or institution, give street address or dospital OR location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and	d give
	Daltimore 2-0-04	iship)
th of stay in Baltimore	D. STREET ADDRESS, (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I year last birthday) Months: Days Hours	
OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
ork done during most of working life, even if retired)	Baltimae Mad WHAT COUN	TRY?
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
William Renney	Theresa, Chancy	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (17 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	an
200 11st World Wars 1215-09-4896	OF DEATH INTERVAL BETY	WEEN
DISEASE OR CONDITION DIRECTLY	OF DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	the bladder. Jang 4	8
	the bladder.	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	aemia. 2-3	
UNDERLYING CONDITION LAST.	monce	ls.
UNDERLYING CONDITION LAST.	Mono	ls.
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ATION 20. AUTOPS	· · · · · · · · · · · · · · · · · · ·
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	ATION 20. AUTOPS YES No n or 21c. WHERE DID (If in Baltimore City, give exact location)	i Y ?
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, Chould be a controlled by the controlled b	ATION 20. AUTOPS YES NO n or 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?	i Y ?
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IPA. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, chout bome, farm, fectory, street, office bldg., epoch bome,	20. AUTOPS YES NO n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	i Y ?
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER CONDITION CAUSING IT. 21A. ACCIDENT, SUICIDE, chout bome, farm, fectory, street, office bidg., elevation control of the cont	20. AUTOPS VES No nor 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	Y? 0 4
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IPA. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, ebout bome, farm, fectory, street, office bidg., e 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED JURY WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR? DID 1948, to June 26, 1950, that I last saw	v the
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, ebout bome, farm, fectory, street, office bldg., ebout bome,	20. AUTOPS VES No No or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? 1948, to fine 26, 1950, that I last saw red at 17. 45 pm., from the causes and on the date stated at 138. ADDRESS 23c, DATE SIGN	v the
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in obout bome, farm, foctory, street, office bidg., st	20. AUTOPS VES No. 10 21c. WHERE DID (If in Baltimore City, give exact location) No. 10 1NJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Proved at 12 43 Pm., from the causes and on the date stated at 138. ADDRESS 226 Hanover 1 20. AUTOPS VES No. 100 VES No.	v the
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in ebout bome, farm, feetory, street, office bidg., ebout bome,	20. AUTOPS YES NO BOOT 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? MAN 10 1948, to June 26, 1950, that I last saw red at 17 40 m., from the causes and on the date stated at 13B. ADDRESS 226 Hanover It 23c. DATE SIGN 226 STATE OF S	v the
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in obout bome, farm, foctory, street, office bidg., st	20. AUTOPS VES No. 10 21c. WHERE DID (If in Baltimore City, give exact location) No. 10 1NJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? Proved at 12 43 Pm., from the causes and on the date stated at 138. ADDRESS 226 Hanover 1 20. AUTOPS VES No. 100 VES No.	v the
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in ebout bome, farm, fectory, street, office bidg., ebout bome,	20. AUTOPS YES NO BOOT 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? MAN 10 1948, to June 26, 1950, that I last saw red at 17 40 m., from the causes and on the date stated at 13B. ADDRESS 226 Hanover It 23c. DATE SIGN 226 STATE OF S	v the



-600	*
	TY HEALTH DEPARTMENT CATE OF DEATH Registered No
1. NAME OF DECEASED	nce Edward, Sr. 2. DATE OF OF DEATH 6 25 50
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street ac	ddress or Md. A. A.
INSTITUTION priversity (fospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Atherina Della	Yrs. D. STREET ADDRESS (If rural, give location)
c. Soft of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, 7	Days 7th St., Green Haven 8. DATE OF BIRTH 19. AGE (In years) If Under 1 Year In Under 24 House
male white manied	
10A. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS work done during most of working life, even if retired)	
Operator-Owner Gasoline Stat	tion Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Junius Gary	Eliza M. Mears
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY	Y NO. 17. INFORMANT Pasadena, A. A. C.
	Mrs. Ida C. Gary- 7th St. Green Haven
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	extensive Cardio-Vasa Disease
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY about home, form, factory, street, of	
22. I hereby certify that I attended the deceased from deceased alive on 25, 1950, and that death	or while 1950, to 6/25, 1950, that I last saw the hoccurred at 530 m., from the causes and on the date stated above. 238 ADDRESS.
The state of the s	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/29/50 Glen Ha	ven Cem. A.A. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1950	25. FUNERAL DIRECTOR SAME PULL
VS 150	567V 93) Ma.



1. NAME OF DECEASED (Type or Print)

5661

HARRIETT M. CARTER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5661 Registered No.

2. DATE OF DEATH

(19pe of 11mt)	HA	RRIETT	M. CARTER		DEATH Jul	ne 24. 1950
3. PLACE OF E	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence
B. FULL NAME		al or institut	ion, give street address or	A. SIATE	B. COUNTY	before admission)
HOSPITAL OR	3402 Clifton		location)	C. CITY OR TOWN (If	outside corporate limits	s, write RURAL and give
100				Baltimore	15-08	B township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	F
c. I gth of s	stay in Baltimore		Mos. Days	3402 Clifton A		
5. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED.	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours
female	white		/ED, DIVORCED (Specify)	0.1.30	last birthday) Mor	nths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KINE	owed of Business or	Oct. 10, 1880 11. BIRTHPLACE (State or fo	69	10 CITIZEN OF
ork done during most	of working life, even if retired)	1772 7783	INDUSTRY	THE BANK BANK OF TO	reigh country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	Saleslady Rtd	Depa	rtment Store	Maryland		
				14. MOTHER'S MAIDEN NA	AME	
James'	E Sturgeon			Amelia D. Ben	iamin	
Yes, no or nuknown)	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AI	DDRESS
10			216-01-5975	Mrs. Virginia C	. Stancill 3	402 Clifton Av
18. 47	0.1.		CAUSE	OF DEATH	A PART OF THE PART OF	INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY		•	The second second	ONSET AND DEATH
	LEADING TO DEA	TH	LATERE	H Caronary Theor	mboses)	3 days
heart failt	ure, asthenia, etc. It mes	ns the diseas	e, (A)		7)	
injury or	complication which	aused death	.) DUE TO ALL	us scenolis lad	wanera/	
A COLOR	ANTECEDENT CAUS	SES	<u>.</u>	terio Selvos		9
DISEASE	S OR CONDITIONS, 1	F ANY GIVIN	(B)	min semise	4	
RISE TO	THE ABOVE CAUSE (A)	STATING TH	E DUE TO			
3	TING CONDITION EX	131.				
	11		(C)	•••••	***************************************	
	SIGNIFICANT CONDI					
	G TO THE DEATH, BUT DISEASE OR CONDITION					
19A. DATE C			FINDINGS OF OPER	ATION		20. AUTOPSY?
ξ	nune					YES NO
21A. ACCIDE	ENT. SUICIDE. (Specify)	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office hldg., e	or 21c. WHERE DID (I	f in Baltimore City, g	ive exact location)
1 1041012	(Speciny) Mal	about nome,	arm, ractor y, sereet, onice mug., e	tc.) INJURY OCCUR?		
210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJURY	OCCUR?	
NJURY		1	WHILE AT NOT WHILE			
		m.	WORK AT WORK	12 0	4	7)
			deceased from 200	1950, to ye	m 24, 19 50	that I last saw the
deceased a	live on June 13	_, 19_50,	and that death occur		te causes and on th	e date stated abovc.
	wall	W BOW	West M. D. S	22 Harrion	Blu.	HW 24/30
24A. BURIAL. S	CREMA- 24B. DATE Specify)	2	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town,	or county) (State)
Buria		0	Loudon Park	Cem. Balto	o. Md.	
DATE RECEIVE		SIGNATU	RE	25 FUNERAL DIRECTOR		ADDRESS
JUN 271	950 Hand	unton	Vollianie, MIE	Ifm. & Sich	ener & sav	o ballo
VS 150		6 -		1	^	mi
	4 2 gd A = "	w15,000 J	GARANTE GA	=/3	91	+a "
			0 10	00		

BALTIMORE CITY HEALTH DEPARTMENT

. 50. 5662

OIRTH NO. OU Obbid CERTIFICA	CATE OF DEATH Registered No.	77764	
. NAME OF DECEASED	CI ED 2. DATE OF THE OF		
	DEATH OUTS	25, 1950	
B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addre	4. USUAL RESIDENCE (Where deceased lived, If instit A. STATE B. COUNTY Md.	tution : residence before admission	
IOSPITAL OR local	ation) C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and giv	
NSTITUTION 214 Homewood Terrace	Baltimore 12-02	township	
	Yrs. D. STREET ADDRESS (If rural, give location) Mos.		
gth of stay in Baltimore	Days 214 Homewood Terrace	214 Homewood Terrace	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp	Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; 73	Days Hours Min	
female white widowed OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF		CITIZEN OF	
rk done during most of working life, even if retired)	STRY	WHAT COUNTRY	
Housewife at Home Maryland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
Sebastian Hook Annie E. Rice			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es, oo or onkoowo) (If yes, give war or dates of service) SECURITY N	NO 17. INFORMANT ADDRE	ESS	
6m 10 m	Miss Alma Hook - 214 Hoemwo	od Terr.	
18. 427. CAUS		INTERVAL BETWEE	
OISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Promphit	NOET AND BEAT	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Enemial + Driblety		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?	
		YES NO	
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (about home, farm, factory, etreet, office.		exact location)	
	CURRED 21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from_		at I last saw th	
deceased alive on, 19, and that death o			
23A. SIGNATURE Off tol: 001	23B. ADDRESS 23	C. DATE SIGNED	
AA. BURIAZ, CREMA- 24B. DATE 24C. NAME OF CEN	METERY OF CREMATORY 240. LOCATION (City, town, of co	ounty) (State)	
ON. REMOVAL (Specify) Burial 6/29/50 Druid Ric	idge Cem. Pikesville, Md.		
OCAL REGISTRAR REGISTRAR'S SIGNATURE	25. GUNERAK DIRECTOR ADE	Vallo	
VS 150	92	Dina.	

The State of the Develop State of the State

BALTIMORE CITY HEALTH DEPARTMENT 5663 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE Where deceased lived. If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNT A. STATE before admission) B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If pural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED OF BURTH If Under 1 Year If Linder 24 Hours MIDOWED, DIVORCED (Spelty) last birthday) Months: Days Hours: Min. 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR (State or foreign country b 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTR HATHER'S NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ac or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)
CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24D. LOCATION (City, town, or county)

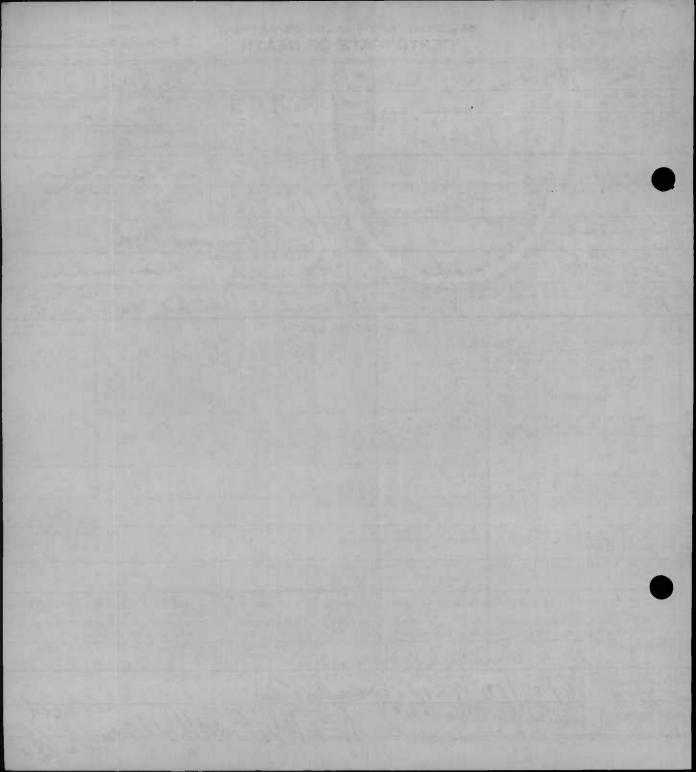
/S 151

BURIAL, CREMA-REMOVAL (Specify)

OCAL REGISTRARL

248. 5

Mustre a/4



- 2-40 50 5664

BALTIMORE CITY HEALTH DEPARTMENT

50 566A

31	RTH NO.	CERTIFICAT	E OF DEAT	H Registe	ered No.
ī.	NAME OF DECEASED			2. DATE OF	6-26-50
	MIK) CLLEN	LY-HAIGLEY		DEATH	
۹.	Baltimore City, Maryland 200100	1. Jayetto St.	A. STATE	B. COUN	ived. If institution: residence ITY before admission
3.	FULL NAME OF (If not in hospital or inst	titution, give street address or location)			
7	OSPITAL OR SON SECOUR	s Hospr	BALTING	- 0 1	te limits, write RURAL and give
_		/ S Mos.	D. STREET ADDRE	SS (If rural, give locati	ion)
-	th of stay in Baltimore	6 Lyu -Days		AYSON IT.	
5.		GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ay) Months Days Hours Min.
C	A. USUAL OCCUPATION (Givekindof) 10B. K	IND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
rl	HOUSEWIFE	INDUSTRY	MANNAN		WHAT COUNTRY
3	. FATHER'S NAME	/ / / / / /	14. MOTHER'S MA	IDEN NAME	
0	manage & A-1	16	Dec. o	0	
1	. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL	Mary a.	. pomill	y
l'e	s, no or nuknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	, , ,	ADDRESS
	no	hone	my. o and for	angley 13	1. Jayan 1
	18. / J 7 X	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY ()			
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the di	sease,		***************************************	5 days
1	injury or complication which caused d	leath.) DUE TO		. 0	
,	ANTECEDENT CAUSES	Caro	1 0 mm	had M (Yan	aund
)	DISEASES OR CONDITIONS, IF ANY, G				***************************************
	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE DUE TO		OF STREET, ST.	
)					
I	11	_(C)	Α .		
	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	LATED (usi of Lu	·	
		JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	6-21-50 Come	hastel, morron	onen	a i melas	YES NO
5	21A. ACCIDENT. SUICIDE, 21B. HOMICIDE (Specify) about he	PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg.,	in or 21c. WHERE D		City, give exact location)
1					
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		INJURY OCCUR?	
	n	n. WHILE AT NOT WHILE			
	22. I hereby certify that I attended	the deceased from 6.	17-50,19	, to 6-26	, 1959 that I last saw th
					d on the date stated above
	23A. SIGNATURE		238. ADDRESS		23c. DATE SIGNED
	Ju. W. Solom	M. D.	On Secon	-> There	6-26-50
	4A. BURFAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE		24b. LOCATION (City	
1	Surial June 29-50	new Cathed	ral Cem	Baltims	re had
	ATE RECEIVED BY REGISTRAR'S SIGN		25. FUNERAL DIR	ECTOR	ADDRESS
	JUN 27 1950 rtimeting	1 / manua / ma	Sw A. Bu	yer /v. 151	2 Hollingt
	VS 150 . " **********************************	and the second second second			4/09
					-110

THE SECTION OF THE PARTY OF THE

5665

Mary Bell

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5665

2. DATE OF DEATH June 26, 1950

BIRTH NO.

_							DEATH -	~~, ~~~
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived. If B. COUNTY	institution : residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				none				
11	STITUTION		2837 St.	Danil		C. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give township)
1	7.0		2001 500	raul		Baltimore	12-	03
			-		life Yrs. Mos.		SS (If rural, give location)	
C.	SEX		Baltimore	7 611161	Days	2837 St. Par		
			OR OR RACE	WIDO	E. MARRIED, WED, DIVORCED (Specify			under 1 Year If Under 24 Hours nths Days Hours Min.
	emale	whi		sing		Jan.7, 1861	89	
AOL	k done during most o	of working	life, even if retired)	Balto.	O OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
36	NOOTCHE	uer-r	retired		a Schools	Baltimore, 1		U. S.
12	B. FATHER'S		Dana			14. MOTHER'S MAI		
			ary Bell			Elizabeth A	lnn	
15 (Ye	s, no or nnknown)	ED EVER	IN U.S. ARMEL	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
						Mary B. Walt	tz - 2837 St. Paul	St.
	18. 47	0.1		F	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR	CONDITION	DIRECTLY				ONSET AND OEATH
		LEAD	ING TO DEA	TH	e Mulo	carditis		
	heart failt	ire, asth	enia, etc. It mea	ns the disea	ise,			
	,							
7		ANTEC	EDENT CAUS	SES	Ur	ronary Th	roulosis	3 mos.
ō			ONDITIONS, I		NG (B)	-		
AT	UNDERL	YING C	ONDITION LA	STATING T	THE DUE TO			
CERTIFICATION					Ant	ronary Their osclero	Din-	
Ē			11					
ER	TRIBUTING	G TO TH	CANT CONDI	NOT RELAT	TEO .			
U	19A. DATE C		OR CONDITION		R FINDINGS OF OPER	PATION	······································	20. AUTOPSY?
AL	none .			ATTOR		YES NO		
EDICA	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, g							
	HOMICIDE	(Spec	ify)	about home	, farm, factory, street, office bldg.,	etc.) INJURY OCCUP	27	
Σ	21p. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	NJURY				WHILE AT NOT WHILE			
				m.	WORK AT WORK		0 0 0	
Н							to June 26, 195	
			June 2	7, 1950,			from the causes and on th	
	Natu.	anne	1 cm l	Buck	M. O. S	t. Paul & 231		23c. DATE SIGNED 6-27-50
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- Specify)	248, DATE	10007	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
	burial		6-28-50		Loudon Park C		Baltimore, Md.	
D	ATE RECEIVE	D BY	REGISTRAR	- 60	45F.	25. FUNERAL DIRE	CTOR	ADDRESS
J	UN 27 19	50	Thurte	1/20 /	Misure, Home	John U.Mitche	11 & Sons Ing - 19	000 Eutaw Pl.
	VS 150		of \$240)	- 10 (CALE)	The State of the S	Hautow	5 Milletteld	0 - 1-
				1,267	Mark Advantagers, or the residence			726
								/

ALINE REPORT OF THE PARTY OF TH and dress of the pros The state of the second of the The second second second

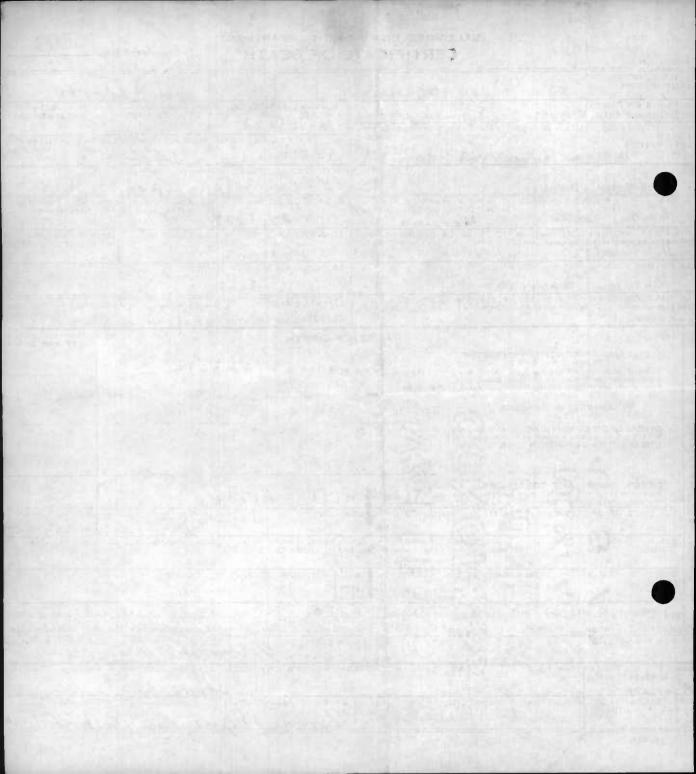
100	Lak	-	and the last
4)	-		1
-	50	50	00
	00	56	00

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE SOZ Nieholson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 13 2 1 imove A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Union D. STREET ADDRESS (If rural, give location) Mos. Koland th of stay in Baltimore Days AVE 9. AGE (In years | | Under | Year | | Under 24 Hours | Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Tamez/-Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12, CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Ludiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harrison Teelers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Husband SECURITY NO. William O. Nicho INKNOWN Sizme INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronehopneumonia (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-Asthma TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE ATT 19 10 to . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. , 19 50, and that death occurred at 2 3 Em., from the causes and on the date stated above. deceased alive on 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

THE WASHINGTON

VS 150



50 5667 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

· End 12 9/5/50

50 Registered No.—		5667	
DATE ()		- /	

I,M.

-				
T	NAME OF DECEASED Mary Milkins		2. DATE OF DEATH	W24,1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If in B. COUNTY	nstitution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	md.		
	STITUTION 30 40	C. CITY OR TOWN (If or	itside corporate limits,	write RURAL and give township)
0	2237 Madieanless	Lallmore	10-0) 5
	Yrs. Mos.	1 1 10 000	ral, give location)	11-1
	th of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		alleen !	
2/2	Emple Colored (WIDOWED, DIVORCED (Specify)	B DATE OF BIRTH		ths Days Hours Min.
O	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR done dyring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
	A rusewile	(smelpidae)	me	WHAT COUNTRY
3	. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	1É	
	Jamuel Reneon	mari 1		
(2)	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	AD AD	DRESS,
e	(If yes, give war or dates of service) SECURITY NO.	Anita Otil	bear 22.	39 Madinil
Ī	18. 1/20 A CAUSE	OF DEATH	1	INTERVAL BETWEEN
Ī	DISEASE OR CONDITION DIRECTLY	7,0	2/201	ONSET AND DEATH
i	LEADING TO DEATH	sexos lovo re	Hartorke	es. 3 months
	heart failure, asthenia, etc. It means the disease,			
	01			
ı	ANTECEDENT CAUSES	wales Closer	TX Perono	6118
)	DISEASES OR CONDITIONS, IF ANY, GIVING			
ł	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	. 0	. 9	
	Assertion of the second of the	a ship I to	a fortame	3monte
I	(C) (J)	agas eg		- 3
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Comes C		
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
4				YES NO
1	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,	o or 21c. WHERE DID (If	in Baltimore City, gi	ve exact location)
•	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m, WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from	-Q -4, 191 De a	ne 34 150	that I last saw the
deceased alive on 24, 1963, and that death acquired at 2300 m., from the causes and on t				
		3B. ADDRESS	Janes and the the	23c. DATE SIGNED
	Doom ou Vigerios M.D.	25 x3 mosis	In / Red	6-2600
2	4A. BURIAL, CREMA- 248. DATE / 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town	or county) (State)
6	Dural Specify Jane 29 958 7Mf Cuk	men Cem (1.	a. Com	to Miss
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
-(JON REGISTRASSU Turtuator Milliams, Milliams	Mrs. Forder	U. Ellis	y a duglin
	VS 150	0 > 11-29	n for	A . St
		(1-1)//~/		

The actions desche land desire NOT A MEDICAL EXAMINER'S CASE and the first A femore. CHIEF OR ASST. MEDICAL EXAMINER and frame duration. trouble got less indicate which in your opened and must belong be the unkelyni cured with planetes fruitmed & femine se in fact II (costrolation to bodiety but not related to the decision condition course of)? Du Donne Fre 50 - 5667 96-180hC 9-14-50

4 50 5668

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5558

CERTIFICAT	E OF DEATH Registered No. 1000			
NAME OF DECEASED Lellian L. Kie	2. DATE 0F DEATH MINES, 1950			
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address on	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
HOSPITAL OR NSTITUTION 2909 Westbild are				
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	2 y 0 y ruesifala			
7. WIDOWED, DIVORCED (Specify)	Age (In years H Under 24 Hours Months: Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHRLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
William T. Miller	Lillie May Jucker			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (as, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	Howard Kiel 2606 West Edd			
	OF DEATH			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
(This does not mean the mode of dying, e.g.,	9 Carcinoma Metastatia May 16 1900			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	la al Pala Cida			
ANTECEDENT CAUSES				
(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	no Carcinoma of Oft			
UNDERLYING CONDITION LAST.	est (Removed) your 1700.			
11	The private of the pr			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hone.			
194. DATE OF PPERATION 198. MOUOR FINDINGS OF OPER	RATION DO 1 20. AUTOPSY?			
May 22/50. I Jange adeno Care	mong of head (all thruphen), YES NO IT			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore CMy, give exact location) otc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR JURY WHILE AT NOT WHILE				
m. WORK ATWORK				
deceased alive on the 25, and that death occurred at \$22,7m., from the causes and on the date st				
deceased alive on 1992, 1950, and that death occu	rred at 2, m., from the causes and on the date stated above.			
Hames Zamond thit	5214 Honord Old. Jame 26/50.			
104, BURIAL, CREMA- 104, REMOVAL (Specify) June 28/50 Wester	ERY OF CREMATORY 240 OCATION (City, town, of county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR BO T. ADDRESS			
IIIN 27 1950 15 to for Williams, Mix 1	Mildred . Right, 600 g Harford &			
VS 150				

5214 Hayard 668- 9-1044. DE E CO. 3000 a facility the factors

50 5669

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5669

BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE
B. COUNTY
before admissi A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural give location) Mos. th of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE H Under I Year AGE (In years last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR II. BIRTHE LACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? doman more 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no INTERVAL BETWEEN 18. CAUSE OF DEATH 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE ine , 195 that I last saw the 22. I hereby certify that I attended the deceased from __ 1950, and that death occurred at 46 deceased alive and from the causes and on the date stated above. 23B. ADDRESS M. O. CREMA-24c. NAME OF CEMETERY 24D. LOCA (City, town, or coulty) State ATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REGISTRAR VS 150 · continglation of the American

CW. Dr. Edmonds 27 46 alameda. De9614 140000

EO EOMO BAI 1. NAME OF DECEASED (Type or Print)

7. SINGLE, MARRIED.

Single

retired

108, KIND OF BUSINESS OR

16. SOCIAL

VIS

SECURITY NO

none

TIMORE CITY HEALTH DEPARTMEN CERTIFICATE OF DEATH	Registered No
A OTILLA ERNST)	2. DATE OF DEATH 6-26 -50
A LIGHAL RESIDENCE	(Where descend lived If institution residence

A. STATE R COHNTW before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location)

TOWN (If outside corporate limits, write RURAL and give C. CITY OR

township) TIMOTE

D. STREET ADDRESS (If rural, give location)

Yrs.

Mos. Days

9. AGE (In years) last birthday) Months Days Hours Min.

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country)

INDUSTRY

Menkel

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO pertensive cardiavascualar disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE 1900 to . 190 0 that I last saw the 22. I hereby certify that I attended the deceased from.

7 00 m., from the causes and on the date stated above. , 1950, and that death occurred at deceased alive on 6.26 23B. ADDRESS 23g. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Loudon Park Cemeterv Baltimore Md. June 28.50 Burial

25. FUNERAL DIRECTOR HENRY SANDER ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE SONS. INC LOCAL REGISTRAR ATTE! Broadway

VS 150

3. PLACE OF DEATH: A. Baltimore City, Maryland

Housemaid

13. FATHER'S NAME

(Yes, no or nnknown)

CM Known

18.

th of stay in Baltimore

USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

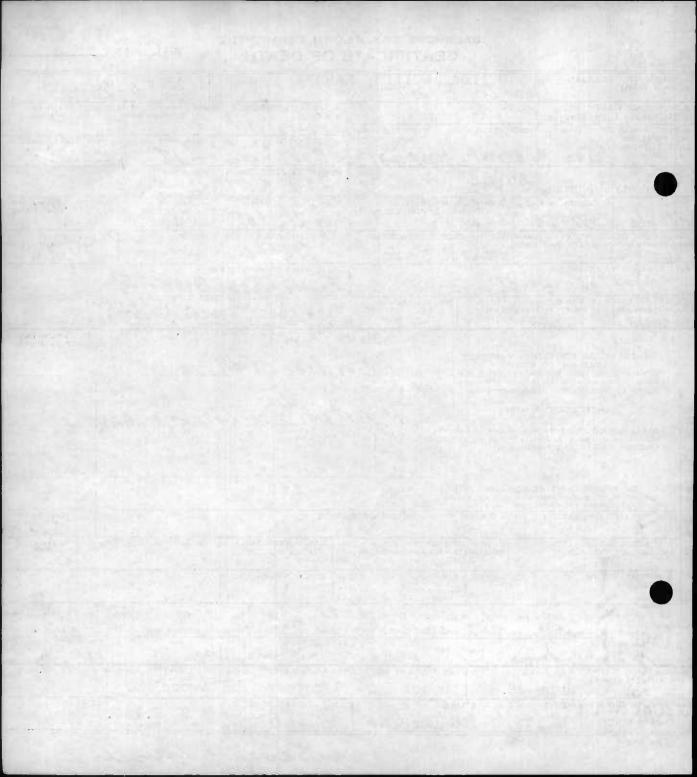
11

ork done during most of working life, even if retired)

6. COLOR OR RACE

HOSPITAL OR

INSTITUTION



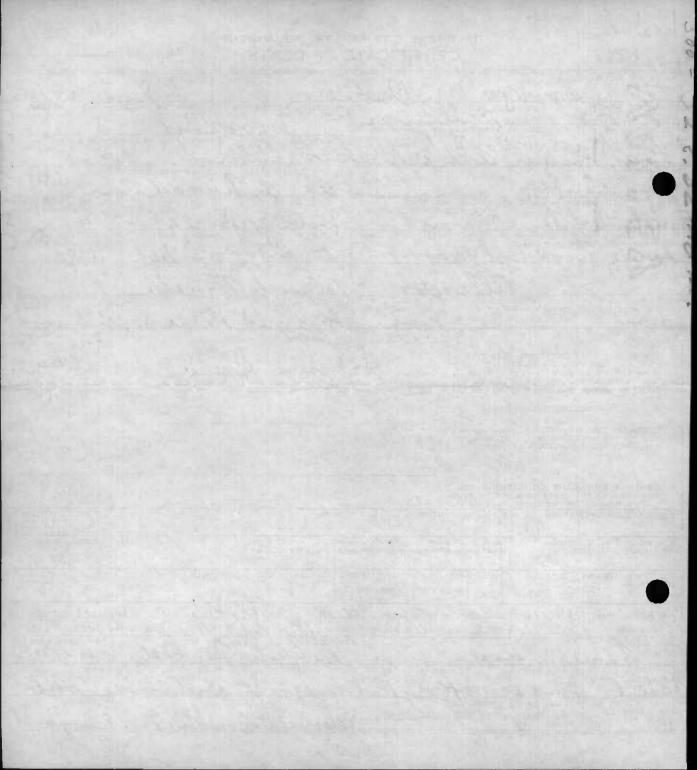
20

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	5671

Registered No.

(Type or Print)		ATE OF SATE
PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where d	ecease Aved, If institution: residence B. CONTY before admission)
FULL NAME OF (If not in hospital or institution, give street a		rd
OSTITUTION Regis aw Covl., How	= 01. V B 051	e corporate limits, write RURAL and give
2001 Roslyn and Ball	Yrs. D. STREET ADDRESS (If rural,	rive location)
th of stay in Baltimore	Mos. Days 604 Richwo	od aux
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCET	(Specify) 8. DATE OF BIRTH 9. A	GE (In years It Under I Year I Under 24 Rous St birthday) Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES	S OR 11. BIRTHPLACE (State or foreign of	country) 12. CITIZEN OF
	Baltimors	WHAT COUNTRY?
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Ullinder	Blanch Fra	ske
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURIT	Y NO. 17. INFORMANT	ADDRESS Gag
no none	- Hourry S. War	is 604 Richwood
18. 70/X	AUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11.0.1.	21/21
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	Hogkins Niseas	d'296.
injury or complication which caused death.) DUE TO	V	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT	F OPERATION	20. AUTOPSY?
		YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJUR ebout home, farm, factory, street,	Y (e. g., in or 21c. WHERE DID (If in Enfice bldg., etc.) INJURY OCCUR?	altimore City, give exact location)
21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY (OCCURRED 21F. HOW DID INJURY OCC	IIR?
O JURY WHILE AT	NOT WHILE	
	AT WORK	25 10547
22. I hereby cert(f) that I attended the deceased fro deceased live of the 23 1950, and that dea	140	25, 1956 that I last saw the assessand on the date stated above.
23A. SIGNATURE	23B. ADDRESS	22c. DATE SIGNED
XI YIV. A J. III A	Z3B. ADDRESS	
Muldon acknowl	M.D. My D. arts Blog.	Dette. June 27, 1950
	M.D. Med. asts Blog.	1141 14 00 14
4A. BUFIAL, CREMA- ON, REMOVAL (Specify)	M.D. M. D. Cots 1962. CEMETERY OR CREMATORY 24D. LOGATI RELEGIOUS BOLLONDO	ON (City, town for county) (State)
4A. BUFIAL, CREMA- 24B. DATE 24C. NAME OF ON REMOVAL (Specify)	M.D. Med. asts Blog.	Dette. June 27, 1950
4A. BUFIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF 24C. NAME OF	M.D. M. D. Cots 1962. CEMETERY OR CREMATORY 24D. LOGATI RELEGIOUS BOLLONDO	ON (City, town for county) (State)
ATE RECEIVED BY OCAL REGISTRAR S SIGNATURE	M.D. M. D. Cots 1962. CEMETERY OR CREMATORY 24D. LOGATI RELEGIOUS BOLLONDO	ON (City, town for county) (State)



200 5672

CERTIFICATE OF DEATH

50 5672

Registered No.

BIRTH NO.	
NAME OF DECEASED Type or Print) Anna M. Cack	2. DATE OF DEATH WING 27-1950
Baltimore City, Maryland 4. USUAL RESIDENCE (W	here deceased ived. If institution; residence B. COLINTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	york V-29
NSTITUTION # 2.2 7 C. CITY OR TOWN	outside comperate limits, write RUMAL and give
Yrs. D. STREET ADDRESS OF	ruke, give location
th of stay in Baltimore Mos. Days	who Street
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8 DATE OF BIRTH	9. AGE (in years A Under Year H Under 24 Hours last birthday) Months; Days Hours; Min.
emale white widowed sune 32/88:	5 65
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fork) done during most of work in the control of the con	reign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN NO	•
3. FATHER'S NAME 14. MOTHER'S MAIDEN NA	AME
E WAS DEPARTMENT OF THE PARTMENT OF THE PARTME	
(16, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	19 Andress N.Y.
18. 33/X, CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	100110
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	orrhage 4 days
(B) Arteriosclerosi.	5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C) .	3
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tadure years?
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
21A, ACCIDENT, SUICIDE. 21B, PLACE OF INJURY (e.g., in or 21c, WHERE DID (I	f in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY	OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from June 13, 1950, to	Tane 27, 1950, that I last saw the
deceased alive on 4918 46, 1990, and that death occurred at 1 m., from t.	he causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS Oilsa	Cor 23c. DATE SIGNED
	OCATION (City, town, or county) (State)
Jurial 6/30/50 St. Jasephi Dal	ula Loro de n. 4.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 250 ANERAL DIRECTOR	ADDRESS (DO
IIN 27 1950 Juntuglor Milland My Tuck /	5305 Hayford Rd.
VS 150	1 22

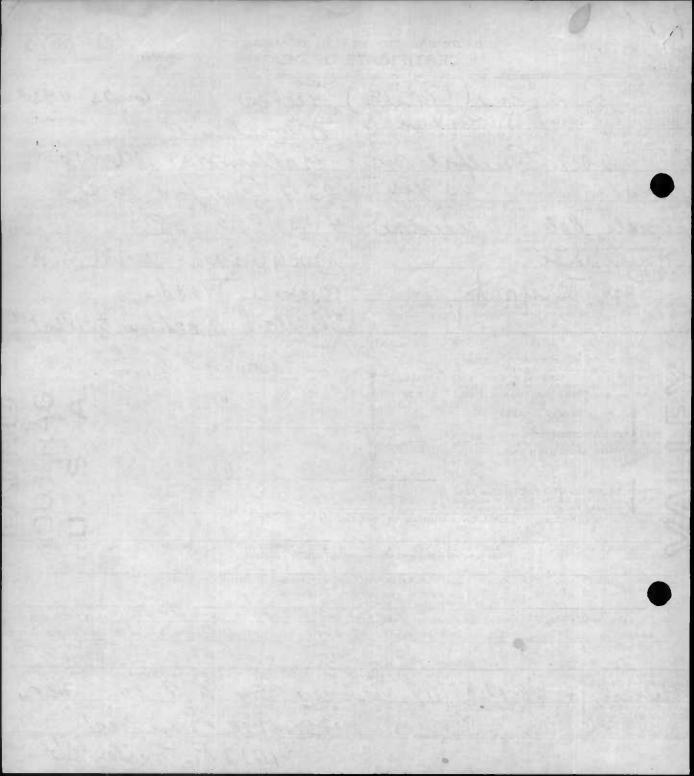
Dr. Sarerle 3601 Piloa

ALEXANDER OF THE PARTY OF THE P

A PART OF THE PART

50 5072

U 5673	CERTIFICATI	EALTH DEPARTMENT	Registered No	9070
IRTH NO.	CLKTIFICATI	- OF DEATH		
. PLACE OF DEATH: . Baltimore City, Maryland	Gailes	Queun Residence (Wh	2. DATE OF COLORS OF COLOR	5-1950 tution: residence before admission)
FULL NAME OF (If not in hospital or instit	ution, give street address or location)	CITY OR TOWN (If or	utside corporate limits, wr	
NSTITUTION 2317 Guel	ford ave	Baltimo	re 12-	04 township)
. I. th of stay in Baltimore	45 4m Mos. Days	23 17 Guy	ford av	E
LEW OL POL WIDE	LE. MARRIED. WED DIVORCED (Specify)	4-13-1882	AGE (In years If Under last birth by) Months	
DA. USUAL OCCUPATION (Give kind of log. Kill kdone during most of working life, eyen if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE U	L.S.A.
Jerr Bryant		maria Tr	edd	
5. WAS DECEASED EVER IN U.S. ARNED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Elepaleth h	200 H ADDR	3170 PVE
18. 442 X	CAUSE	OF DEATH	PENCINO 9	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y (2)	On Long	2 Kom	ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	ease,	Seo- Ville	- Course	
injury or complication which caused des	ith.) DUE TO			1 0
DISEASES OR CONDITIONS, IF ANY, GIV	(B)			6 itsent
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
п	(C)			
OTHER SIGNIFICANT CONDITIONS OF	TED			
19A. DATE OF OPERATION () 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., i		in Baltimore City, give	YES NO C
HOMICIDE (Specify) about hom	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
JURY (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE		OCCUR?	
22. I hereby certify that I attended th	e deceased from	120 , 1950, to G	125- , 195, th	at I last saw the
deceased alive on, 19	. and that death occur	red atm., from the	e causes and on the d	
23A. SIGNATURE	euo M M. D.	2029 June		CLUB LO TO
4A. BURIAL, CREMA- 24B, DATE ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24b. LO	ATION (City, town, or c	ounty) (State)
ATE RECEIVED BY REGISTRAR'S SIGNA' OCAL REGISTRAR	K///	25. FUNERAL DIRECTOR	Sa da	DRESS 93)
VS 150	Williame, M. M.	Caryner (5 P T	00%
	AND TRANSPORT	1412	J. Vreslow	



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5674

Registered No .__ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF LOTTIE H. COLLISON DEATH June 26, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1313 S. Hanover St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. th of stay in Baltimore 1313 S. Hanover St. Days 5. SEX AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) Feb. 26.1885 65
11. BIRTHPLACE (State or foreign country) White Widow 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife. At Home Talbott County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Allen Unknown 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS es, no or unknown) (If yes, give war or dates of service) SECURITY NO. Nelson Collison, Vienna, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Paraplegia following cerebral heart failure, asthenia, etc. It means the disease, DUE TO Vascular accident. injury or complication which eaused death.) ANTECEDENT CAUSES (B) Generalized arterio sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 6/17/50, 19, to 6/26/50, 19, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 6/26/509, and that death occurred at 12.45m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Hanover St. 24c. NAME OF CEMETERY OR CREMATORY 4A. BURIAL, CREMA-ON. REMOVAL (Specify) 24D. LOCATION (City, town, or county) Salem. Md. Salem ATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADARESS Thurtington Milliance, My

* Marin, College of the Destroy your property

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address on B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS [If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 2-1890 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen lifretired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKWON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) (If yes, give wer or dates of service) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK .I hereby certify that I attended the deceased from_ 190 to . 19 that I last saw the deceased alive on. , 19 and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE. 23c. DATE SIGNED 23B. ADDRESS! 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURLA DATE RECEIVED BY SKEGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR enting for Milland, Me

Stephen

VS 150

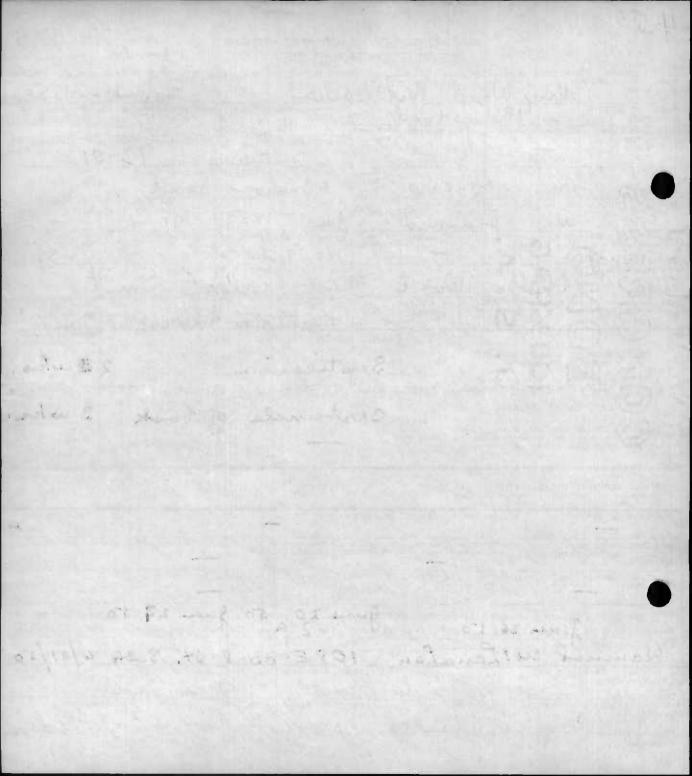
1000 S. KENWADE

Many was --03/25/2 mariled to when the so things 1015 610 0101 1 109 He strain the morasses is petically and the same of th White Color of the All Colors of the Color o

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

U JU/U	CERTIFICATI	E OF DEATH	Registered No)
NAME OF DECEASED	A 14 .00.		2. DATE	
Type or Print)	& Wille	aus	DEATH June	27.1950
	os Road.	4. USUAL RESIDENCE	Where deceased Noed. If in B. COUNTY	nstitution : residence before admission)
FULL NAME OF (If not in hospital or instit	ltion, give street address or location)	C. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give
NSTITUTION		Baltingon	0. 12-	township)
th of stay in Baltimore 64	Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)	
SEX 6. COLOR OF RACE 7. SING	LE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years MU last birthday) Mont	nder 1 Year If Under 24 Hours
	WED, DIVORGED (Specify)	June 5, 1859	91	ths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIN rk done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME CO	1	14, MOTHER'S MAIDEN N	AME	11
Daniel helps	Wood	Lora Cele	sto Ime	the
5. WAS DECEASED EVER IN U. S. ARMED FORCES? ce, no or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS RAD A
No -		Hustin Mon	Vileaur M.D.	GIRE 10
18. 053.4	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9.	+		2
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea	ase,	pucemea		Luis.
ANTECEDENT CAUSES	0	1 0	1 1 0	3 4 .
DISEASES OR CONDITIONS, IF ANY, GIV		vunce o	brack	3 63 162
RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	THE DUE TO			A THE STATE OF
	(C)			••••
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
	R FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About hom CAUSE OF DEATH	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID (stc.) INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
210 TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th	e deceased from Au	ne 20 1950to	um 231950	
deceased alive on June 26957				that I last saw the
	and that death occur		the causes and on the	that I last saw the date stated above.
23 SIGNATURE O W! Pa	and that death occur			
23% SIGNATURE OF W. La. 24A. BURIAL, CREMA-1/24B. DATE	and that death Occur	red at 2 am., from 33. ADDRESS		adate stated above. 23c. DATE SIGNED 6/27/50
Camuel W: La	Pand that death Scur	red at 2 am., from 33. ADDRESS	14. Balts	adate stated above. 23c. DATE SIGNED 6/27/50
234 BIGNATURE W. La. 24A. BURIAL, CREMA- 10M REMOVAL (Specify)	Pand that death occur na Lau M. D. 2 24C. NAME OF CEMETE Green M	red at 2 am., from 33. ADDRESS	st. Balto OCATION (City, town, or ach.) Ind	adate stated above. 23c. DATE SIGNED 6/27/50



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-IRTH NO 2. DATE NAME OF DECEMBED Type or Print) DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY Baltimore City, Maryland A. STATE before admission) FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION township) Yrs. ADDRESS (If rural, give location) Mos n of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours Min. 19/6 108. KINGOF BUSINESS OR BIKTHPL (State or foreign country) 12. CITIZEN OF OCCUPATION (Givekind of) k done during most of working life, even if retired) INDUSTRY FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES
no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. 002X CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONover TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 19\ that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 11 J deceased alive on. Im., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 236. DATE SIGNED CREMA-248. DATE ADDRESS ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCAL REGISTRAR VS 150

E. S. Establish. Dr. D. Miller 4510 Mayord Rd

5678 31RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5678

NAME OF D	ECEASED				2, DATE	
Type or Print)	Alexander	H. Fiel	ds		OF DEATH	June 26/50
PLACE OF DEATH.				4. USUAL RESIDENCE (W		
Baltimore City, Maryland 421 N. Washington St FULL NAME OF (If not in hospital or institution, give street address or			421 N. Washing	ton St	TY before admission)	
OSPITAL OR			location	C. CITY OR TOWN (If	outside corporade	limits wrate AURAL and give
00				Balto. Md.	6	township)
			Yrs.	D. STREET ADDRESS (If)	rural, give locatio	n)
. L. th of s	tay in Baltimore		life Mos. Days	421 N.W	ashington	St.
. SEX	6. COLOR DR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in yea	Months: Days Hours: Min.
Male	White		rried	Oct.25,1889	60	
	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Grave I		Holy	Redeemer Cem	Balto. Md.		WHAT GOOKING
3. FATHER'S				14. MOTHER'S MAIDEN NAME		
	Robert	Fields		Laura		
5. WAS DECEAS	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
		or service,	security No.	Mrs.Lillian C.	Fields. 42	1 N. Washington St
118. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTIV	01	b L a		DNSET AND DEATH
DISEA	LEADING TO DEA	TH	(In m	rea Myorarde	tus	
heart fail	ure, asthenia, etc. It mea	ns the diseas	se,			
injury or	complication which	aused death	.) DUE TO	4		
	ANTECEDENT CAUS	SES	a it	The moderation	Ca. D.	5 -
DISEASE	S OR CONDITIONS, I	F ANY. GIVI	(B) ()	O-A-O-		~
RISE TO	THE ABOVE CAUSE (A)	STATING TI		seven poe	-	
		10111111				
	11		(C)			
	SIGNIFICANT COND					
	G TD THE DEATH, BUT DISEASE DR CONDITION					
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
OTT ACCID	ENT SUICIDE	215 01	ACE OF INTURY (:	n or 21c. WHERE DID ()	f in Paltimore (City, give exact location)
HOMICIDE	ENT, SUICIDE. (Specify)	about bome,	ACE OF INJURY (e. g., in form,factory,street,office bldg.,e		i iii baitimore (only, give exact location)
215 71115	(Month) (Day) (Year)	(House)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP?	
JURY	(Month) (Day) (Ical)		WHILE AT NOT WHILE	TIP. NOW DID INSORT	OCCORT	
		m.	WORK AT WORK			
22. I herel	by certify that I pt	ended the	deceased from	we 18, 1950, to		1920, that I last saw the
deceased a		, 19	and that death occur	red at /= nm., from th	he causes and	on the date stated above.
23A. SIGNA	JURE ()	with	2	3B. ADDRESS Wort	t Olu	23C. DATE SIGNED
4A. BURIAL.		A	M. D. 24c. NAME of CEMETE	DY DE CREMATORY 24D 1/	OCATION (City	town, or county) (State)
ION, REMOVAL	Specify)	. /			38	
Buria.			Holy Redeemer	26. FUNERAL DIRECTOR	Balto. Md.	A ADDRESS
DATE RECEIVE				D. WINEHAL DIRECTOR	· · · / Dorse	
JUNZI	1950 utwater	111111111111111111111111111111111111111		LAWW CHU	74/1- 20	24 Orleans St.
VS 150	D.	DAME!	000	/	/	925
			78881	V		124

. a sandim me tela and section of the process of the pr A DECEMBER OF THE STATE OF THE

BIRTH NO

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ...

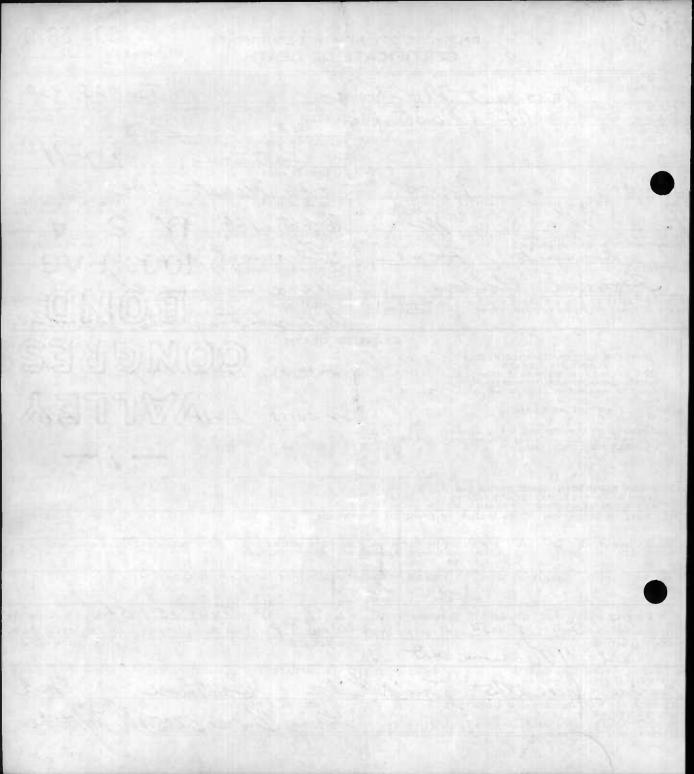
DEATH June 25, 1950

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY before admission)

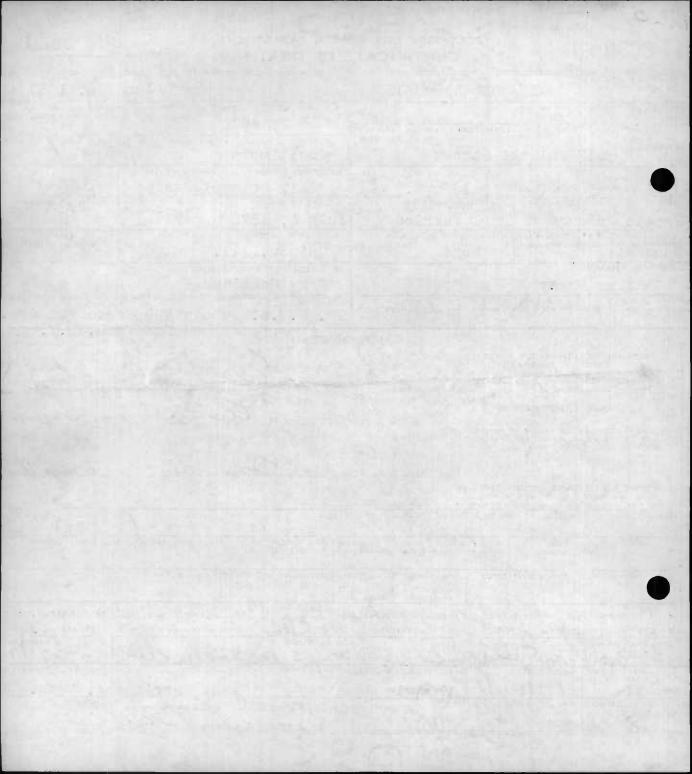
The state of the s	227.0	
Baltimore City, Maryland 476 Wuston as	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or	ma Halla.	
OSPITAL OR location)	C. CITY OR JOWN His outside corporate limits, w	rite RURAL and give
NO	Gallinoone Z	7-//
Yrs.	D. STREET ADDRESS (If rural, give location)	
th of stay in Baltimore Mos. Days	476 Wenston Che	
SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under last birthday) Month	s Days Hours Min.
to M. m.	aug/5, 19.00 449	Days Hours Mill.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BYRTHPLACE (State or foreign country) 12	CITIZEN OF
rk done during most of working life, even if retired. Howelver	Triment 2/1/2.	WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas (1 Asua)	7/1	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mora Gunmere	
es, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	RESS
	arthur Long 4 LoWer	iston the
18. 58/.0 . CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1/	- /
(This does not mean the mode of dying, e.g., (A)	Immary Hemorrhage	UAPS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	vrhosis Liver	
(B)	Prassis FIRE	14.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
(C)	T	
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in		1
HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	(c.) INJURY OCCUR?	
21D_TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
O' JURY WHILE AT NOT WHILE		
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from I a	14 18 20 1950, to June 25, 1950, t	hat I last saw the
deceased alive on Jane 25, 1950, and that death occur	red atb fm., from the causes and on the	date stated above.
23A. SIGNATURE HOTELIAM. UND M.D. 2	3B. ADDRESS	3c. DATE SIGNED
4A. BURIAL, CREMA- 2AB. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240 LOCATION (City, town, or	county) (State)
Buris (Specify) Juno 28/50 Druis Re	Ane. Brotherese.	md.
PATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DDRESS
OCAL REGISTRAR	Faring (Bulen) GRACASS.	The Into the o
UN 27 1950 1 munication / Munice, Min &	Sound Rich Con Charles	gravare
VS 150		1210
		1246



BALTIMORE CITY HEALTH DEPARTMENT

Nr. Higgins

CERTIFICATE OF DEATH SIRTH NO NAME OF DECEASED 2. DATE OF June 26, 1950 NINA GOMER DUBOTS B. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Maryland B. COUNTY a. Baltimore City, Maryland before admission) FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURA) and give HOSPITAL OR location) C. CITY OR TOWN NSTITUTION 2417 Pulaski Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ath of stay in Baltimore 10 yrs. 2417 Pulaski Street Davs SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married 9. AGE (In years) 8. DATE OF BIRTH N Under 1 Year AGE (In years | Months; I vest | Munder 24 Hours | Months; Days | Hours | Min. K Under 24 Hauts Famale Colored July 4, 1872 OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired)
HOUSEWITE INDUSTRY USA COUNTR Home Quincy, Ill. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Gomer Mary Scheider 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Dr. W.E.B. DuBois 409 Edgecombe Ave 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 2619 O that I last saw the 22. I hereby certify that I attended the deceased from Diff deceased alive on June 21019 do, and that death occurred at 630 Am., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-248, DATE Removal Mahawie Cemetery Great Batrington, Mass. 25 FUNDAM DIRECTOR Funeral Designe DATE RECEIVED BY REGISTRAR'S SIGNATURE metroston Miliams, Mil 1651 Druid Will



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5681

BIRTH NO 1. NAME OF DECEASED 2. DATE Edward E. Ford June 26, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3524 Elm Avenue Baltimore township) D. STREET ADDRESS (If rural, give location) th of stay in Baltimore 1219 Rutland Ave. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) White Male Oct 19-1893 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) Glenn Martin Coustry WHAT COUNTRY? New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen A. Ford Matilda Plante 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Miss Nellie Woodward 3524 Flm Ave Balto Md No 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET, AND DEATH DISEASE OR CONDITION DIRECTLY Cordine delation LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Challecastitie Chole leathour? Edage. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONlukuova TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 14, 19to to free 76th, 1936 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 1990, and that death occurred at Apam., from the causes and on the date stated above. A. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 4A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Falls Cemetery Greece, New York June 27. emoval & Burial ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Tuntivator Hilliams, Mas Burgee Funeral Home 3631 Falls Road

vs 150 46 438

126

Atolog Condens of Winter the Holder to Million to Burney Blog a grandid Jones 12 or proposes A No. 45/1/24 35 .. Flor 4 ve De determent

50 5682 Registered No.

BALTIMORE	CITY	HEA	LTH	DEPARTMEN	T
CERTI	FICA	TE	OF	DEATH	
					_

BIRTH NO.			CERTIFICATI	E OF DEAT	П		
NAME OF DE		JANE	ANN TO	NER	2	OF JUNE	26, 1950
B. PLACE OF DE	EATH: ity, Maryland			4. USUAL RESID	DENCE (When	re deceased lived. B. COUNTY	If institution: residence before admission
FULL NAME O			cion, give street address or location)	c. CITY OR TOWN			nits, write RURAL and giv
th of st	ay in Baltimore		Yrs. Mos.	o. STREET ADDR			
	6. COLOR OR RACE	WIDOW	Days E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRT		AGE (In years)	If Under 1 Year If Under 24 Hours Min
rk done during most of	CUPATION (Give kind of working life, even if retired)	Wide 108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		gn country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S N	ewife AME	H	lome	14. MOTHER'S MA	AIDEN NAMI		
77 7	T						
5. WAS DECEASED	erick Ives	D FORCES?	16. SOCIAL	Jane 17. INFORMANT			ADDDEGG
ee, no or unknown)	(If yee, give war or date	es of service)	SECURITY NO.	George Smit	,		ADDRESS
(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L.	DIRECTLY TH of dying, e. 1 ans the discas caused death SES	(B)				
TRIBUTING	GNIFICANT COND TO THE GEATH, BUT SEASE OR CONDITION	NOT RELATE CAUSING 1	т	eater tuber		t humerus	
19a. DATE OF	F OPERATION 1		FINDINGS OF OPER				20. AUTOPSY?
UNDERLYING UTING CA	AL CAUSE WAS OF CONTRIB- AUSE OF DEATH. Month) (Day) (Year 12, 1950	about home, f	ACE OF INJURY (e. g., ir iarm, factory, street, office bidg., e HOME 2 1E. INJURY OCCURRI	629 W 21F. HOW DIE	Baltin	ccur?	deceased fell
		a _{m.} 'rge of thc	while at Not while at work remains described a	bove, held an I	nspection	age .	thereon and from
the evid and dea	th in my opinion	resulted f	psy, Inspection or I rom: natural causes	nquiry, find that \Box , accident \boxtimes ,	t said deced suicide [],	ised died on homicide [],	the day stated above
Kton	en N. a	Dune	24c. NAME OF CEMETE	D. MEDICAL INV	EDICAL EXA ESTIGATOR	MINER	June 27, 1950
PATE RECEIVED	BY REGISTRAR	29/10 SSIGNATU	Juy Hall	25. FUNERAY ON	Lau	re s	ADDRESS
S 151	DOUI DOUG	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	The state of the s	nos work	rue X	Mich	930

BALTIMORE CITY HEALTH DEPARTMENT

- 5683

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OSEPH OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Moor rth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR DR RACE 9. AGE (In years if Under I Year last birthday) Months; Days Hours; Min. MARRIED 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ATTIN Conductor 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. ANNAMILLER 705-12-3715 NTERVAL BETWEEN 18. OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-MYOCARDITIS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from MARCA 21, 1950, to June 20, 1950, that I last saw the deceased alive on June 2 1, 1950, and that death occurred at 12.30 4m., from the causes and on the date stated above, 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL, CREMA-6-28-50 atte Dayer DATE RECEIVED BY REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR** ADDRESS LOCAL REGISTRAR

VS 150

5684 BIRTH NO

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Mary F.Schneider

Registered No.

2. DATE OF DEATH June 25th., 1950

	Baltimore C	ity, Maryland			A. STATE	ENCE (Where deceased lived, I B. COUNTY	If institution : residence before admission)
В.	FULL NAME		ospital or institu	tion, give street address or	Maryland		
IN	SPITAL OR ISTITUTION	1027 E.Bi	ddle Stre	et location)	Baltimor	4 A	tits, write RURAL and give township)
				Yrs.	D. STREET ADDRE	ESS (If rural, give location)	
c.		ay in Baltimor		ife Mos.	I027 E.B	siddle Street	
		6. COLOR OR RA	CE 7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		H Under 1 Year H Under 24 Hours fonths: Days Hours: Min.
	Female	White	Mar	ried	Aug. 9th., I8	863 86	IO I6
l C	A. USUAL OCC	CUPATION (Give hi working life, even if ret	indof 10B. KINI	O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF
	Housev	vife	Own	Home	Baltimore, M		U.S.A. COUNTRY?
13	FATHER'S N				14. MOTHER'S MA		
		Etzel			Minnie (Wil	helmina) Stenger	
15 Ye	. WAS DECEASE	D EVER IN U.S. Al	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	None		None	Mr.William	A.SchneiderIO2	7 E.Biddle St
	18. 42	22.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITI	ON DIRECTLY	1	't	rt.	10 14
	(This does	LEADING TO I	ode of dying, e.	g., (A) Ch	love my	register Tuyscan	led year-
		re, asthenia, etc. It complication whi				Ocerwh	in' /
		ANTECEDENT C	Alises				
2				(B)			
2	RISE TO TH	OR CONDITION HE ABOVE CAUSE	(A) STATING T				
3	UNDERLY	ING CONDITION	N LAST.				
-				(C)			
-	OTHER S	II IGNIFICANT CO	NDITIONS CO	N -			
1	TRIBUTING	TO THE DEATH, SEASE OR CONDI	BUT NOT RELAT	FD			
		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
3							YES NO
5	HOMICIDE	NT, SUICIDE, (Specify)	21B. PL about home	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	o or 21c. WHERE C		, give exact location)
N L	100						
_	21D. TIME (Month) (Day) (Y	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I	attended the	deceased from	3 .194	20 June 25 , 19:	that I last saw the
					rred at 7 15pm.	, from the causes and on	
	23A. SIGNAT	URE	5		38. ADDRESS	CARALLIA	23c. DATE SIGNED
		Act	De.	M. D.	1110	Provident	10/26/50
2	4A. BURIAL, CON, REMOVAL (S)	REMA- ÉMB. DA'	TE	24c. NAME OF CEMETE			
	Burial	6-29		Holy Redeeme		Belair Rd.Balt	
	ATE RECEIVED		RAR'S SIGNAT	1111	25. FUNERAL DIR		ADDRESS
	111 9 P10	50 1	truitor /	Mianes, M.	George J. Kut	h, Inc1735 Harf	ord Avenue
~	VS 150		. 0				020
							72/

Mante-mountain, delication . Dollar

20 50 5685

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 5685

JL- 128356 CERTIFICATE OF DEATH

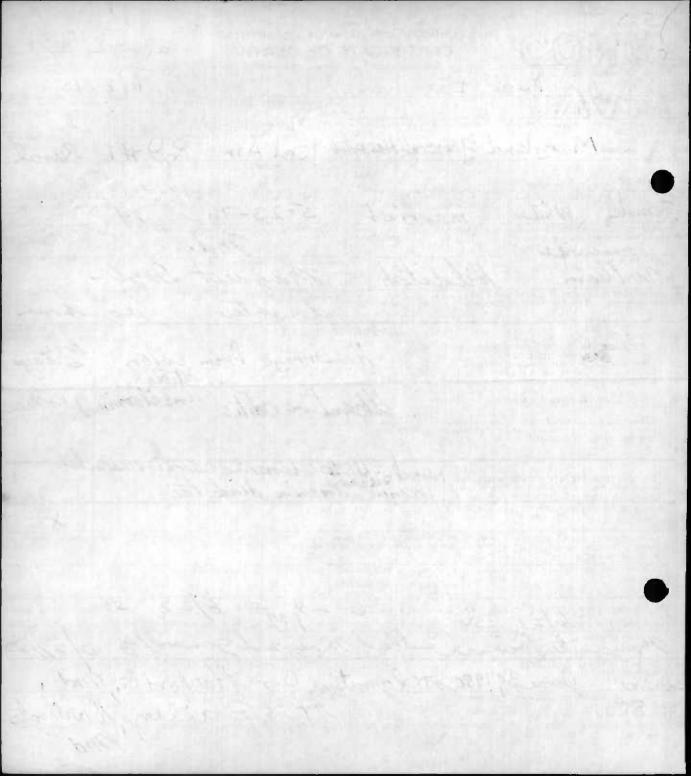
NAME OF D Type or Print)	Olive E. B	avliss			2. DATE OF DEATH 6-2	6–50
	EATH: City, Maryland			A. STATE	(Where deceased lived. B. COUNTY	If institution : residence before admission
FULL NAME OSPITAL OR NSTITUTION	Baltimor	alorinstitut e City tern Av		c. CITY OR TOWN Baltimore	(If outside corporate lim	nits, write RURAL and give
th of s	tay in Baltimore	40 y	Yrs.	D. STREET ADDRESS		LOVE.
SEX Female	6.COLOR OR RACE	7. SINGLE	Days E. MARRIED. FD. DIVORCED (Specify) 100W	8. DATE OF BIRTH April 39, 1866		if Under 1 Year I Under 24 Hours Months Days Hours Min.
DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S N	NAME ?			14. MOTHER'S MAIDEN	NAME	
5. WAS DECEASE ea, no or unknowo)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern I		ADDRESS
DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	of dying, e. g dying, e. g aused death ses ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(8)(B)(C)(C)(C)(C)(C)(C)(C)(D)	es Mellitus		
	F OPERATION 2 1		FINDINGS OF OPER			20. AUTOPSY?
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., li arm, factory, street, office bldg., e		(If in Baltimore City,	1155
21D. TIME (Month) (Day) (Year)	` '	21E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	
22. I hereby	y certify that I att	ended the	deceased from 4-1	19-49 , 19 , to	June 26 , 19	50that I last saw th
23A. SIGNAT	TURE US.	Os		38. ADDRESS 4940 astern		23c. DATE SIGNED 6-27-50
AA. BURIAL (S ON REMOVAL (S BURIA ATE RECEIVE	Decify) JUNE 1	9,1950		RY OR CREMATORY 24	ELKINS, V	n, or county) (State)
OCAL RES	RAR	tuator	Williams, M. M.	Charles S.	Guler 90/8	, Conkling S
VS 150		- 00	the first own district to the first		11	

BUILD IN WEIGHT WARES GROWN REALTH IN LABOUR Leberther & god yest Could

BOARMAN

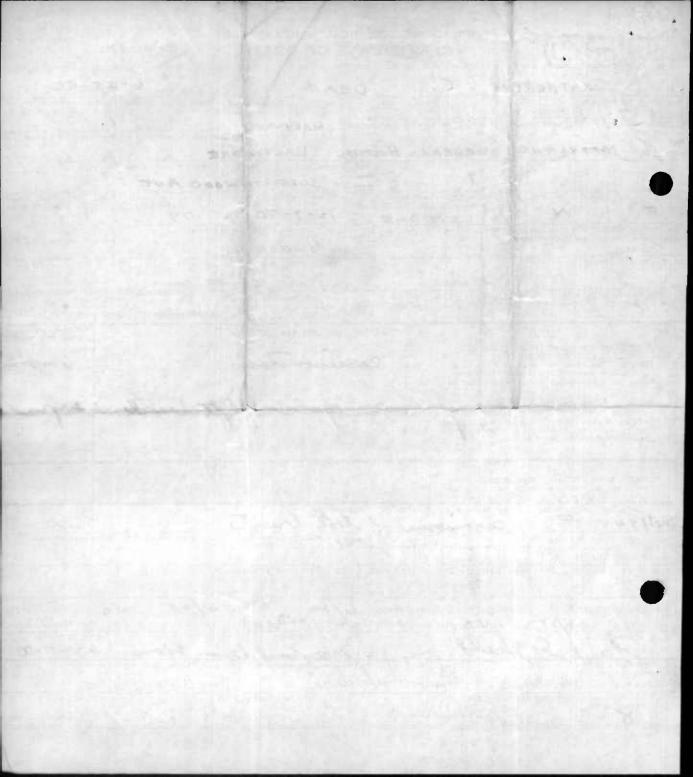
50 5686	BALTIMORE CITY HEALTH DEPARTMENT	Registered No.	5683
IRTH NO.	CERTIFICATE OF DEATH	Registered No.	O COLONY

SIRTH NO.	
NAME OF DECEASED Mary Boar man	2. DATE OF DEATH 6/27/50
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NSTITUTION (Ocation)	GCITY OR TOWN (If outside corporate limits, write RURAL and give
Haryland General Hispi	Bel Air RD #1 Rusal
Yrs. Mos. Tth of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
Female White Married (Speity)	3-23-76 74
OA. USUAL OCCUPATION (Give kind of rk dime during most of working life, eyen if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
William Helditch	Margaret Doyle
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18. 2/A CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	sastrage from colon sdays
injury or complication which caused death.) DUE TO	L. 1-1 " 10009 4.
ANTECEDENT CAUSES	rature collis une exempled when
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON. Kenal J. H.	spetensine Cardiovascuts
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	anomia diabetés
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	ob.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURR WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 6/27, 1950 and that death occur	rred at 125m., from the causes and on the date stated above.
	230. ADDRESS SEAL 230. DATE SIGNED
M. D. MARIE ZAB. DATE ZAC NAME OF CEMETE	RY OR CREMATORY 24D, LOCATION (City, town, or county) (State)
Burio Specify) June 30, 1980 St Jana	ting am Harland Co. mod.
PATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FANGRAL DIRECTOR ADDRESS
	11 0, wailey wallingto
VS 150	md !
	7 01



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 6-25-50 KATHERINE DEAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY . before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) MARYLAND GENERAL HOSPITAL BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mes. 3015 LINWOOD AVE th of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH ff Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 12-7-70 SINGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Yours 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO 3015 Dinwood CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e. g., in rabout home, farm, factory, street, pfice bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby eertify that I attended the deceased from , 195 othat I last saw the 1950. and that death occurred at 8 20 deceased alive on 6/25 from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 24B, DATE 28/20 Tableaction Julaice ATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR



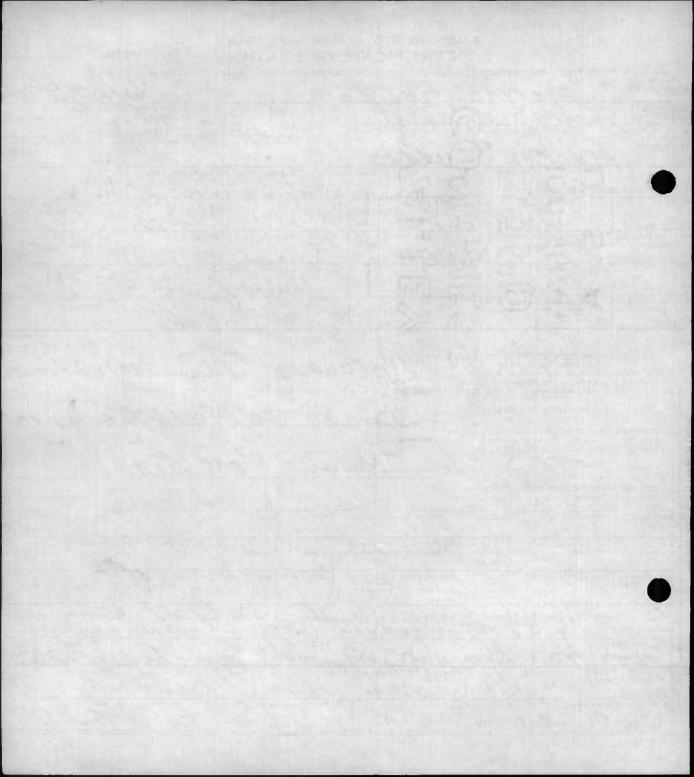
BIRTH NO.

HETTES BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5688

Type or Print)	they		Hoff		OF OF	-/27/m
PLACE OF DEAT	H: A	116	NO E	A HELIAL REGIDENCE	DEATH (Whom decemed line	d. If institution; residence
. Baltimore City		TRAMI	Klins & Noce	A. STATE	B. COUNT	
FULL NAME OF	(If not in hospi	tal or institut	ion, give street address or	Maryl	and Ba	etr.
OSPITAL OR	1-7	. 0	(location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
36 /	ankli	$n \rightarrow a$	ware.	U	26-	township)
		7	Yrs.	D. STREET ADDRESS	(If rural, give locatio	n)
th of stay	in Baltimore		Mos. Days	9168		9.1-
	OLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In yea	rs It Under I Year It Under 24 Hours
Family	2011	MYGOW	ED, DIVORCED (Specify)	4/15-195		Months Days Hours Min.
DA. USUAL OCCUE	ATJON (Give kind n	EL TOP KIND	OF PUSINESS OR	11. BIRTHPLACE (State	33	140 000000
done during most of wor	kly life, even if retired		INDUSTRY	N DINTERCE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
touseny	26	1 4	AMM	lema		
3. FATHER'S NAM	E			14 MOTHER'S MAIDEN	NAME	d-
John	1 Jane	0	- Chal	alherine	Trois.	#
MAS DECEASED E	VER IN U.S. ARME	D FORCES?	16. SOCIAL	TO DE ORMANT		ADDRESS
No.	Jos, Will Mar Dr dar	es at service)	SECURITY NO.	Tentone W	11/0/1	
	,		9	willing 11	mount	INTERVAL BETWEEN
18. 260 X	1		CAUSE	OF DEATH		ONSET AND DEATH
	OR CONDITION		/1.	-1	2.2	- 101
(This does not	ADING TO DEA mesn the mode	of dying, e. g	, wooys	onary C	cclus,	101 24 hours
heart failure, a	sthenia, etc. It me	sns the diseas	е,			
	ipriousion winch	caused death			4 4 4 4 4	
ANT	recedent cau	SES	710	ho toe	Ma7), -	to language
DISEASES OF	CONDITIONS,	IF ANY GIVIN	(B)			tis years
RISE TO THE	BOVE CAUSE (A	STATING TH	E DOE TO			
ONDERLING	CONDITION L	A51,	7.4	. 7. P		
			(C)	win Re	ac/10 h	
OTHER SIGN	II IFICANT CONE	UTIONE COL				
TRIBUTING TO	THE DEATH, BUT	NOT RELATE	D			52.5
19A. DATE OF O	SE OR CONDITIO		FINDINGS OF OPER	ATION	***************************************	L 20 AUTOFGV2
I SAL BATE OF O	LINATION O	IOB. MASON	TINDINGS OF OPER	ATTON		20. AUTOPSY?
21A. ACCIDENT,	SUICIDE	21p PI A	CE OF INJURY (e. g., is	nr 21c, WHERE DID	(If in Paltimona C	ity, give exact location)
	pecify)		arm, factory, street, nflice bldg., e		(11 In Daitimore C	ity, give exact location)
215 TIME (Mon	th) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJ	URY OCCUR?	
JOKI		m. V	WORK NOT WHILE			
00 77 7				12/	1/23	.63
22. I hereby cc				193,40		19. Anat I last saw the
deceased alive		L, 193	and that death occur		m the causes and	on the date stated above.
234 SIGNATUR	L'E	. D	- 0 2	3B. ADDRES6	1	23c. DATE SIGNED
71.7.	Macu	nu	2,79 (M. D.)	range you d	from Ho	106/2/150
AAL BURIAL, CREM		1- 2	4C NAME OF CEMETE	RY OR CREMATORY 24	LOCATION City	lown or county (State)
moral	1 /28	150	Horrist	11/11/ - W	Cronhon	Va /
ATE RECEIVED BY		'S SIGNATH	RE	25 FUNERAL DIRECTO	OR /	MODRESS OZ
OCAL RECISTRAN		i iton 1	Miana, Mill	Markata	=/ 12/1	Hours St
THIN 19 195	OI WAXAM	45 (A) (A) (A)	110	11. Colon	0 124 1 0	1000



	EALTH DEPARTMENT 50 5689
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Dorothy M WHIT	E 2. DATE OF June 24, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR Mercy Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 27-//
Yrs. Mos. c. th of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 324 Kernway St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE/OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
FEMALE WHITE WIDOWED, DIVORCED (Specify	Feb, 1928 last birthday) Months Days Hours Min.
19A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR CONTROL OF WORKING LIFE, oven if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
actophone Operator // lino /xelane	14ass
13. SATHER'S NAME	14. MOTHER'S MAIDEN NAME
mest prus	100 Loronger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 213-28-5108	Ether Most, 324 Kernenoy
DISEASE OR CONDITION DIRECTLY	of DEATH ple gunshot wounds of chest
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	Fried Company
	YES NO L
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e.g., labout home, farm, factory, street, office bldg.,	
UTING CAUSE OF DEATH. An apartment	1213 N. Calvert St.
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR	
June 24, 1950 2:30 At. WORK AT WORK	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
23A. SIGNATURE 23A. SIGNATURE	s , accident , suicide , homicide , undetermined .
175 1-2600	ASSISTANT WEDICAL EXAMINER June 24, 1950
24 BURIAL CREMA- 24B. DATE 24E HAME OF CEMETE ON, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 EUTEBAL DIRECTOR ADORESS ADORESS
VS 151 N-862.4 2360	13 166 V

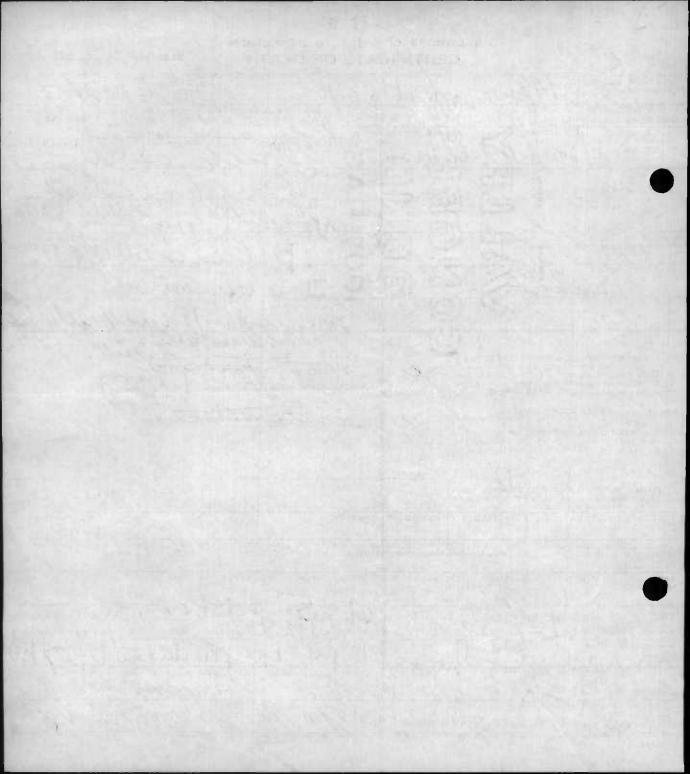
for the name of the residential to the 10 10 11

WILTSHIRE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5690

BIRTH NO . NAME OF DECEASED 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Manyland B. COUNTY before admission) (If not in hospital or institution, give arest address or FULL NAME OF OSPITAL OR location) (If oylside corporate limits, write RURAL and give NSTITUTION WASHINGLON ST Yrs. Mos. . Leagth of stay in Baltimore Davs Muths: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) last birthday) OA. SUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR rk done during most of working life, even if retired) 3. FATHER'S NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18.420,0 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? IME (Month) (Day) (Year) (Hour) WHILE AT 22. I hereby certify that Lattended the deceased from-19.3 deceased alive on_ rom the causes and on the date stated above. and that death occurred at 23A. SIGNATURE 238 A. BURIAL CREMA ON, REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR Tentrator Milianes, Al VS 150



BALTIMORE CITY HEALTH DEPARTMENT 50 5691

CERTIFI	ICATE C	F DEATH	4	Register	ed No	
NAME OF DECEASED (ype or Print) JOHN C. SMITH			2.	DATE OF DEATH	iune 2	5, 1950
PLACE OF DEATH: Baltimore City, Maryland 901 S. Eaten St. FULL NAME OF (If not in hospital or institution, give street a	A. S	USUAL RESIDE			d. If instit	
		CITY OR TOWN		61 6	limits, wri	ite RURAL and give township
Egth of stay in Baltimore	Yrs. D. S Mos. Days	TREET ADDRES	So Eat		1)	· ·
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Married	D (Specify)	31, 1886		AGE (In year	Months Months	1 Year Hours Min.
A. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired) Machinist Helper Mon. Mach. Shop. S. FATHER'S NAME	DUSTRY	Baltimore Mother's Mai	Md	n country)		CITIZEN OF WHAT COUNTRY U.S.A.
George Dziennik	14.		Buczko	of alci		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO NO 16. SOCIAL SECURIT 217-03-8	TY NO. 17.	INFORMANT	Dao	LOKE	ADDR	ESS
No No 217-03-8		ouise R. S	mith 9	01 S. E		St.
The state of the s		Jorney C				5-31-50
11 (C)				••••		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		•••••				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS O	OF OPERATIO	N	12.34			YES NO K
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJUR' about hemosprem, factory, street, or	RY (e. g., in or office bldg., etc.)	21c. WHERE DI		Baltimore C	ity, give	exact location)
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY C	OCCURRED OT WHILE	21F. HOW DID	INJURY OC	CUR?		
22. I hereby certify that I attended the deceased from deceased alive on 6 - 2 , 1950, and that deat	om 5-3	12 12 10 P2	to 6 -	25, 1	950, th	at I last saw th
23A. SIGNATURE		DDRESS 1. E.	Ake	auses and	23	6 - 2 7-10
4A. BURIAL, CREMA- 24B, DATE 24C. NAME OF ON, REMOVAL (Specify) Burial June 28 1950 Mozeland				TION (City, t		
ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR IN 2 150	351	FUNERAL DIR	CTOR	S. Conk	AD	DRESS

VS 150

49637

94a

EQUAL TOX IT IS NOT MUCH AND A STREET, LINE . Para de la companya A CONTRACT OF THE STATE OF THE the contract of the contract o

2	5-2	+=000
BIRTH NO	. 50	2000

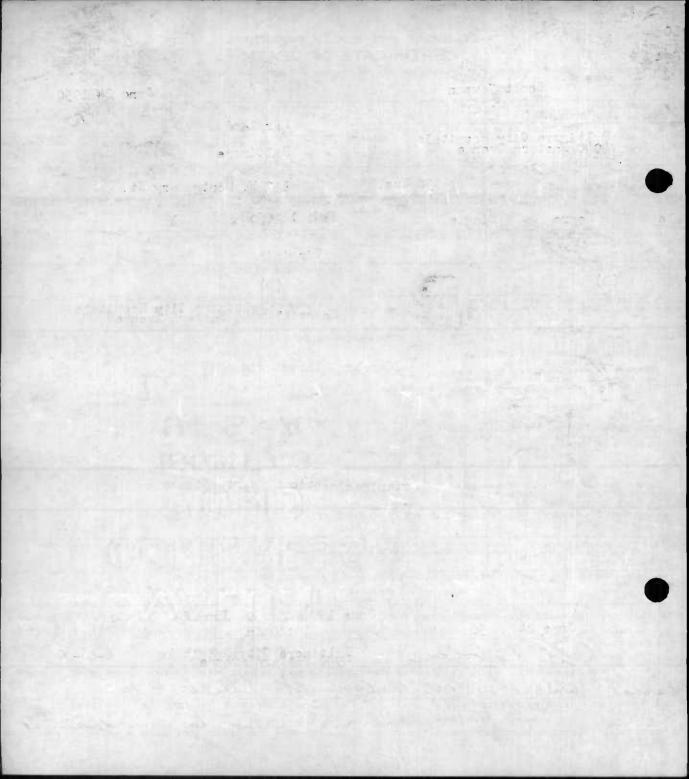
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5692

Type or Print) Thomas M. F. McNally	2. DATE OF June 25, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland (
HOSPITAL OR location) NSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore of township)
University Hospital	Da101m010 77-01
rth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 326 W. Cemden St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year I flunder 24 Hours last birthday) Months; Days Hours; Min.
M V SEPARATED	FEB. 14, 1888 62
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
UNKNOWN HOTELICLEAR	NEW YORK, N.Y.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS MCNALLY 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	MARGARET MCNALLY
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
YES W. W. #	MARY PHILLIPS 456 GIH AVE BROOKLYN NY
18. 470 / 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	thrombosis
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ry thrombosis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ai i infinit
DISEASES OR CONDITIONS, IF ANY, GIVING	dial inferct
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED Cirrhos	is of liver
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described a	bove, held an _AUTOPSY (Enew) thereon and from
the evidence obtained by said Autopsy. Inspection or I	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above,
	accident □, suicide □, homicide □, undetermined □.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	D. MEDICAL INVESTIGATOR [] Oune 20, 1930
ION, REMOVAL (Specify)	
REMOVAL 6. 28.50 LONG ISLAND	25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR	WM Cook Inc. 1217 St. Taul St
YS 151 - 0 0 / / /	1248
2668	10710

Companies of the Harman walls in 1991 which

50.		. 7				
138936 IRTH NO.	50 569	3 ва	CERTIFICATI	EALTH DEPARTMEN E OF DEATH	T Registered No	
NAME OF D Type or Print)	ECEASED Scot	t Laws	on		2. DATE OF June 2	1, 1000
PLACE OF D Baltimore (City, Maryland		1-	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived. If in	stitution: residence before admission)
OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern	ty Hos	tion, give street address or pitals location)		(If outside corporate limits,	write RURAL and give township)
Leh of s	tay in Baltimore		30 Yrs. Mos. Days	D. STREET ADDRESS ((If rural, give location) Iontgomery St.	
ale	6.COLOR OR RACE Negro	7. SINGL WIDOV Sing	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 15 1884	9. AGE (in years last hirthday) Mont	dei l Year li Under 24 Hours hs Days Hours Min.
A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIN	D OF BUSINESS OR	Virginia	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
FATHER'S	D)			14. MOTHER'S MAIDEN	NAME	
. WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMED (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANTBalti Records* 4940	more City Hos PA	teis
heart failuinjury or DISEASES RISE TO TI UNDERLY	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA ING CONDITION LA ING TO THE DEATH, BUT TO THE DEATH, BUT	f dying, e. ns the disea: aused death deat	(B)	ral Thrombosis	Disease	
TO THE DI	SEASE OR CONDITION	CAUSING	FINDINGS OF OPERA	ATION		20. AUTOPSY?
LYING OR	ENT WAS UNDER-	21B. PL.	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City, give	YES NO De exact location)
210 TIME (DEATH Month) (Day) (Year)	,,	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby deceased al 23A. SIGNAT	ive on June 24	ended the , 19_50.	deceased from Junand that death occur	red at 10:20mAnfrom	Tune 24, 1950 the causes and on the	date stated above.
A. BURIAL, C	REMA- 24B, DATE	202	V- M. D.	altimore City H 440 Lastern Ave	lospitals 6	23c. DATE SIGNED -26-50 county) (State)
Burial	BY REGISTRAR	950 SSIGNATU	101111	25. FUNERAL DIRECTOR		DDRESS AT
VS 150		8	348 1	19		93)

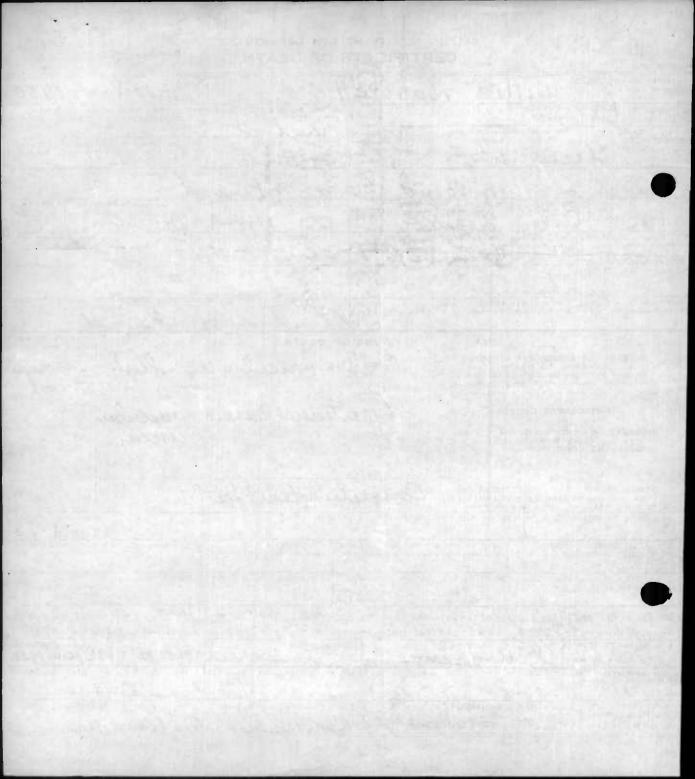


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5694

Regi	stere	a No.	 	
2. DATE		-		

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered N	0
. NAME OF DECEASED Type or Print)	Willie	Boswe	11	2. DATE OF DEATH 23 J	une 1950
B. PLACE OF DEATH: A. Baltimore City, Mar	ryland		4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission
S. FULL NAME OF (If	not in hospital or institu	tion, give street address or location)	Baltimore	(If outside corporate limit	s, write RURAL and give township
th of stay in B	altimovo	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	SUNCTED IN
	R OR RACE 7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) II	Under Year
OA. USUAL OCCUPATIO	N (Give kind of 10B. KIN, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	haras 1		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN ('es, no or nnknown) (If yes, g	U. S. ARMED FORCES? ive war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	San Para	DDRESS
DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI	ion which caused deat DENT CAUSES IDITIONS, IF ANY, GIVI CAUSE (A) STATING T NDITION LAST. II ANT CONDITIONS CO	NG HE DUE TO	tenine con	dio voscule diseas	u e
	CONDITION CAUSING		RATION	acual	20. AUTOPSY?
21A, ACCIDENT, SUIC HOMICIDE (Specify		ACE OF INJURY (e. g., i farm,factory,atreet,office bldg.,		(If in Baltimore City, g	YES NO Prive exact locations)
21D TIME (Month)	m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		201	
deceased alive on 2	that I attended the	and that death occur	fred at 2'5/ ρm., fro	m the causes and on the	
23A. HIGNATURE	Il. Ma	tui M.D.	Curver.	it Hock	16 June 1950
REMOVAL (Specify)	-28-50	Int. leabu	ERY OR CREMATORY 24	LOCATION (Aty, town,	or county) (State)
	EGISTRAR'S SIGNAT	Mianes Mi	25. FUNERAL DIRECTO	n. 916 Penns	ADDRESS
VS 150	0	988	-10		93)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Ageation) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) oall thu or (If rural, give location) Yrs. dale c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Under I Year If Under 24 Hours last birthday) Months! Days Hours! Min. WIDOWED, DIVORCED (Specify) marrie 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of BUSINESS OR INDUSTR' WHAT COUNTRY? ork done during most of working life, even if retired) ree Cer 13. FATHER'S NAME MOTHER'S MAIDEN NAME ville nordo, cu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS1 (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

DUE TO

Edvanced arterioseleroses

21c. WHERE DID

INJURY OCCUR?

21F, HOW DID INJURY OCCUR?

DUE TO

(C)

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

NJURY

22. I hereby certify that I attended the deceased from Lung 22/50 deceased alive on Line 27, 19 50, and that death occurred at

23A. SIGNATURE

24B, DATE

23B. ADDRESS

240 NAME OF CEMETERY

REGISTRAR'S SIGNATURE hunter flow / Musselle, M 25. FUNERAL DIRECTOR 20

50 19

- 1 m., from the causes and on the date stated above,

(If in Baltimore City, give exact location)

ADDRESS

__, that I last saw the

23C. DATE SIGNED

20. AUTOPSY

VS 150

24A/BURIAL, CREMA-

TIOM REMOVAL (Specify

DATE RECEIVED BY

LOCAL REGISTRAR

20

Wheth was how has

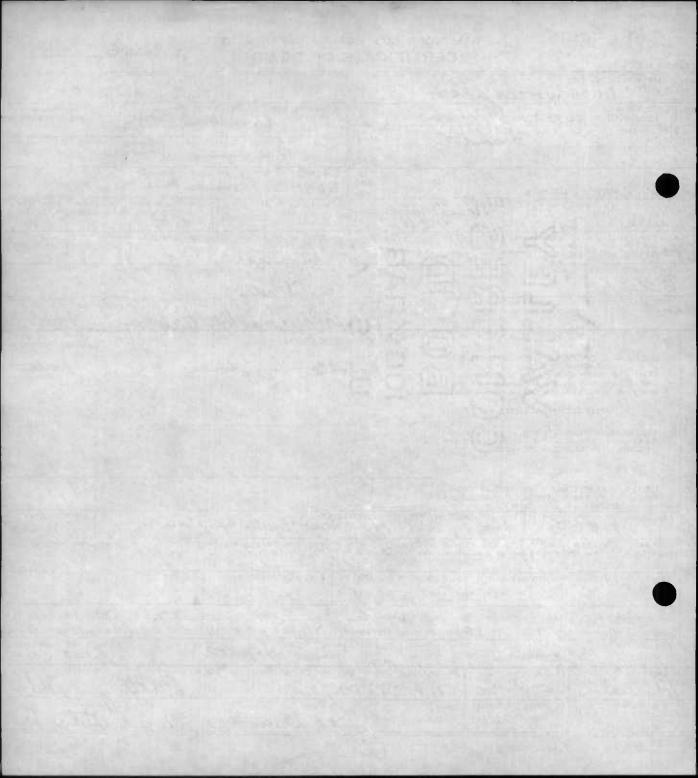
-53 6 5696

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5698

BIRTH N	-

BI	RTH NO.						
1. (T	NAME OF D	HUDA WINTE	= 0 = 0	20-		2. DATE OF	27.50.
3. A. B.	Baltimore (City, Maryland OF (If not in hospit	Belle	on, give street address or		Where deceased lived. I	
c.	Ogth of s	tay in Baltimore		9 Yrs.	D. STREET ADDRESS (III	A	6/-/0
Z R	sex	6. COLOR OF RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	onths Days H Under 24 Hours Onths Days Hours Min.
o	A USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTRY?
13	HEYE	NAME			14 MOTHER'S MAIDEN N		
1 5 Yes	. WAS DECEASI	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	enter ber a	ADDRESS ARME
NO. POLICE	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. If me complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ans the diseas caused death SES F ANY, GIVIN STATING TH	(B)	bable Lympho		Inte
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CAL	19A. DATE C	F OPERATION	Burger	Nelk Haso -	Report: Possible ly		20. AUTOPSY?
MED	HOMICIDE 21D. TIME	ENT. SUICIDE. (Specify) (Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., I arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
			tended the	and that death occur			L, Chat I last saw the the date stated above.
710	AA BURIAL.	CREMA- 24B. DATE Specify) 6-28	-50	M. D. M. D. PAGE OF CEMETE	Swew Hospita	e patron faity, was	6.28.00.
	VS 150			Milians, M. &	ack fewis die	2100 8	sutain 16
	A2 120						1 00 100



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE LAWRENCE (Type or Print) RANDALL OF June 24. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 904 N. Carey Street th of stay in Baltimore Days 6. COLOR OR RACE 7. SING 9. AGE (In years) If Under 1 Year ast birthday) Months Days Hours Min. Male Colored 10A. USUM 11. BIRTHPLACE (State or foreign country) L OCCUPATION (OT Amdof USINESS OR 12. CITIZEN OF orking life even a retred) WHAT COUNT 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yas, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES A 21B, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK Autoosy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR (State) 24D. LOCATION (City, town, or county)

/ Youllasted, M.

V S 151

DATE RECEIVED BY LOCAL REGISTRAR

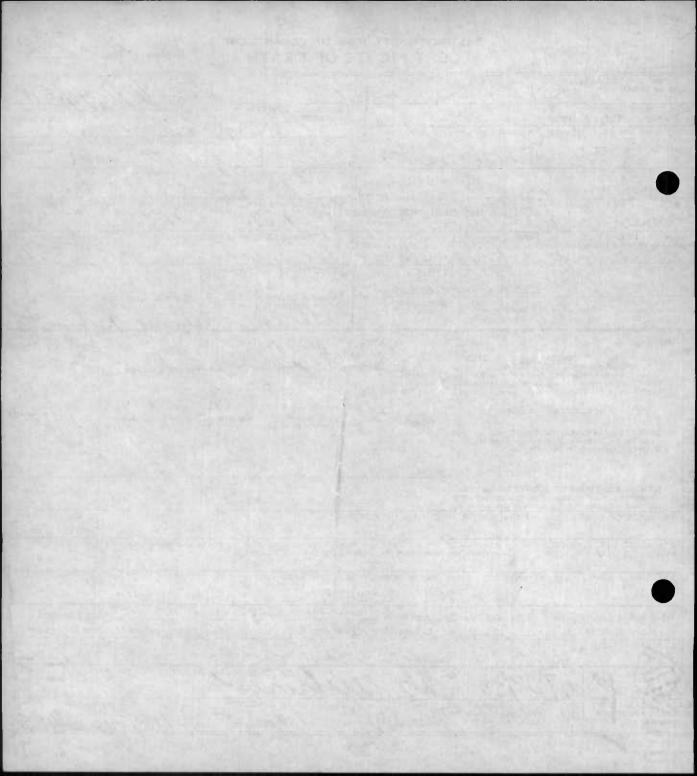
5698/

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5698

Registered No.

Type or Print)	2. DATE OF DEATH 6/24/50
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	Maryland
NSTITUTION 15/6 Butter St.	c. CITY OR TOWN (If outside corporate limits, write RURAI, and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
the of stay in Baltimore Mos. Days	1016 Kutter St.
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ANDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
sousewife own some	Maryand. 1.5.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Julie !
(If yes, give war or dates of service) SECURITY NO.	Milian Filliams - 1516 Rutter
18. 33 X	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eleval Blancard
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7
ANTECEDENT CAUSES	1 1 2 0 1 15
(B) (B)	lano. Salama 15 mo
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (6. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., et	
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1949, to the by 1950, that I last saw the
deceased alive on, 19 and that death occur	red atm., from the causes and on the date stated above.
Mario A Astree M.D.	38. ADDRESS 23 29 Jesuf d L 23c. DATE SIGNED 23 29 Jesuf d L 23c. DATE SIGNED
BURIAL, COMMA- 248. DATE 240. NAME OF CEMEPER STATE OF CE	RY OR CHIMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAT'S SIGNATURE	25 SUNERAL DIRECTOR APDRESS .
JUN 281950 Thurtington Williams, M.	N. Hasteas-918 Skuid Hell Page
VS 150	42."



5699

BALTIMORE CITY HEALTH DEPARTMENT

50 5699

BIRTH NO.		CERTIFICATI	- OF DEATH	registered	1 140,
. NAME OF DECEASED				2. DATE	
	OHN	SANDE	RS	OF DEATH	6.25.57
. PLACE OF DEATH:			4. USUAL RESIDENCE (V	Where deceased lived.	
. Baltimore City, Maryland . FULL NAME OF (If not in h	osnital or instituti	on, give street address or	A. STATE HAR Present	B. COUNTY	before admission
IOSPITAL OR	ospital of matricut	location)	c. CITY OR TOWN (If	outside corporate lis	nits, write RURAL and giv
NSTITUTION 146 D	of nl	4	Baltium	0)	1/- De township
	gran	Yrs.	7	rural, give location)	1
gth of stay in Baltimor	*	Mos.	146 7080	P. 15	
SEX 6. COLOR OR RA		Days Days	8. DATE OF BIRTH	9. AGE (in years)	ff Under 1 Year If Under 24 House
MLO0 Su.		ED, DIVORGED (Specify)	271864	law hir hday)	Months Days Hours Min
OA. USUAL OCCUPATION (Lively	indef 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fe	reign country.	12. CITIZEN OF
rk done during prost of working life, even if re		INDUSTRY	mil	\	WHAT COUNTRY
3. FATHER'S NAME	constre	uliar	1100		00,0,00
S. FATHER S NAME			14. MOTHER'S MAIDEN N.	AME	
mul	enous		Luly	www	
5. WAS DECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		1046-
no no	ne	yeone	mis save	reis -	Rolphin R.
18. 33. 4		CAUSE	OF DEATH		IN ERVAL BETWEE
DISEASE OR CONDITI	ON DIRECTLY	40	1	and the same of th	ONSET AND OEAT
(This does not mean the me	DEATH	COX	Obrial there	· Premeria	48 less
heart failure, asthenia, etc. It	means the disease	e,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
injury or complication whi	ch caused death.	.) OUE TO			
ANTECEDENT C	AUSES	000.00	and interes	solonni.	301011
DISEASES OR CONDITION	S, IF ANY, GIVIN	G (B)	A CONTRACTOR OF THE PROPERTY O	O. T. Company	July
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING TH	E OUE TO			V
11		(C)			
OTHER SIGNIFICANT CO					
TRIBUTING TO THE CEATH, TO THE CISEASE OR CONC					
19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	4		Dispose and Application of the Control of the Contr		YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		CE OF INJURY (e. g., in erm,factory,atreet,office bldg.,e		If in Baltimore City	, give exact location)
		~=			
218 TIME (Month) (Day) (Y	(ear) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
J.SOK!	m. W	WORK NOT WHILE		1	
22. I hereby certify that I	attended the		201 (1950 to)	prine 25, 19	Sthat I last saw th
deceased alive on the			n 4 m		the date stated above
23A. SIGNATURE	, 10		3B. ADDRESS	The character with the	23c. DATE SIGNED
Vo.	Men D-	COULV M. D.	1427 Muels	en Che	6:76:50
AA. BURIAL CREMA) 248 DA	fE / 2	4c. NAME OF CEMETE	RY OR CREMATORY 240 L	OCATION (City, to	n vr county) (State)
Service 1/3/	29/50	not (no	leary Ce	der /	tell, Med.
DATE RECEIVED BY I RECEIVED	RARIS SIGNATU	RE	25. FUNERAL DIRECTOR	- 1	ADDRESS_
OCAL REGISTRATO	white iter	Williams, ME	Who stale	lead -	-918_
JUN 20 1040 11	77	11 11 11 11 11	Wie Tar	1 40	
VS 150		The second	6 Qued]	fell C	We + 12 B
			100	,	0.56

JOHN SAMORES i a see a book and The second of M. English H. the section of as the second continue time to 1. 2 20 The why had the selection Name 2 James C. Charles 1987 Martin. Cir. 6 16 50

364 50 5700 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

gistered No. 5 00

BIRTH NO. CERTIFICATE OF	DEATH Registered No.
I. NAME OF DECEASED	2. DATE
(Type or Print) MARTHA STERLING	of June 19, 1950
3. PLACE OF DEATH:	JAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland	
1100001011	ry Land OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	township)
	Ltimore EET ADDRESS (If rural, give location)
Mos.	
c. gth of stay in Baltimore Days 70 5. Jen 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DAT	5 Vine Street 5 OF BIRTH 9. AGE (In years) # Under Year Under 24 Nous
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
female colored / Charles	1873 57
10A, USUAL OCCUPATION (Give kind of log. KIND OF SUSINESS OR II. BIR work gone during most of forking life, eyeo if retired)	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
survers the town. We	unsborough S.C. U.S. a.
13. FATHER'S NAME	THER'S MAIDEN NAME
memore	uchion.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes a gruphowo) (If yes, give war or dates of service) SECURITY NO.	ORMANT / MODES -
(If yes, give war or dates of service) SECURITY NO.	elle Sawyer - Dies st
18. 420./ CAUSE OF DE	ATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	tery sclerosis
heart failure, asthenia, etc. It means the disease,	20014
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES X NO L
	. WHERE DID (If in Baltimore City, give exact location) URY OCCUR?
UTING CAUSE OF DEATH.	
	HOW DID INJURY OCCUR?
MHILE AT NOT WHILE MY WORK AT WORK	
22. I certify that I took charge of the remains described above, h	eld an autopsy thereon and from
	Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, and death in my opinion resulted from: natural eauses 🖾, acc	find that said deceased died on the day stated above,
	. CHIEF MEDICAL EXAMINER
ASS	SISTANT MEDICAL EXAMINER
TICK REMOVAE (Stycia)	Codey Hell well
DATE RECEIVED BY LOCKETBAR'S CICALATURE	JERAL PRECTOR
LOGAL REGISTRAR	NERAL PIRECTOR
Munitington Williams, M. M. CC	Janetter 110
V S 151 - 0 - 1/1/0 C C 1	Quil Kell and
47868	xuono / for y y ya

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) CIIntis DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) IONNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) 10 Mos. gth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) og most f workind life, even if retired) OF BUSINESS OF 12. CITIZEN OF 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes no er unkoowo) SECURITY NO. IOUNS HOPKINS HOSPITAL CAUSE OF DEATH INTERVAL BETWEEN 201X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hodghins Disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthonia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 5-26-, 1950, to 6 - 27 - , 1950, that I last saw the deceased alive on 6-27-, 1950, and that death occurred at 6 16 fm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS IOHNS HOPKINS HOSPITAL TERY OR CREMATORY | 24d. LOCATION (City, town, or county) LOCAL REGISTRAR

VS 150

Hodghinis Disease 4 mis

We will be the second

David E. Roger

5	200	5762
BIRTH	NO.	

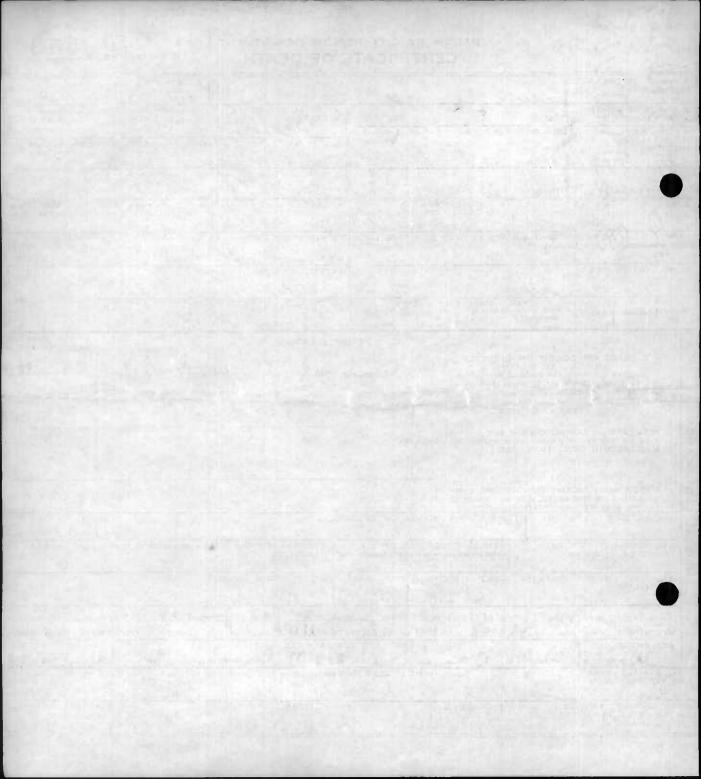
BALTIMORE CITY HEALTH DEPARTMENT

50 5702

CERTIFICATE	OF DEATH Registered No.	
. NAME OF DECEASED . /	12 DATE	
Type or Print) VICTORIA Jon		une 50
Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If Instit	tution : residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR GOOD Samerita Italy location)	ma. any	
NSTITUTION /	C. CITY OR TOWN (If outside corporal limits, wri	te RURAL and give township)
60 27 UN. Carey ST	Boltwood 1/2 -	00
Ongth of stay in Baltimore Yrs. Mos. Days	438 Pettra	
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under	1 Year Il Under 24 Hours
temale Colored morred (Specify)	Dec, 15 1884 last birthday) Months	Days Hours Min.
OAJUSUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
handress, Union Men. Horzo	ma. u	5.00
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	resident.
John Hotelan	mong face.	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AQ.
1 1/1/2 ×		INTERVAL BETWEEN
		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	O OV	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	extensive and arterioscleration of a vascular disease	
injury or complication which caused death.) OUE TO	ante in a setting of	
ANTECEDENT CAUSES	entitient and unenoscienti	
(B) Car	dio vascular disease	(11100) 1110
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.	***************************************	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		exact location)
21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
M. WHILE AT NOT WHILE ME AT WORK AT WORK		
	June, 1950, to 24 June, 1950, the	nd 7 land annu dh
22. I hereby certify that I attended the deceased from 17		
deceased alive on 23 and that death occur		BC. DATE SIGNED
	4. 1.1.	/ ()
BURIAL CREMA- 248. DATE / ZAC. MAME OF CEMETER		
Survey 6/28/50/ Met. (intern.	0'
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DRESS
GCAL REGISTRAR / with gion / Maule, M.	Che N. Weller	9 00 10
1	The state of the s	104
VS 150	2 93) In C Culla	1 st
44892	1 / Vin Could	nor

, and the state of the state of

	50	5703				ALTH DEPART		Registere	JU	5703
BIRTH	1 NO.			CERTIFI	CATE	OF DEAT	П	registere	u 110	
	ME OF D	DECEASED	ra Co	ellina				OF DEATH	me 26	, 1950
	ltimore	City, Maryland				4. USUAL RESIDE	NCE (Whe	re deceased lived		tion: residence before admission
HOSP	L NAME	OF (If not in hospit	tal or instituti	on, give street a	ddress or location)	c. CITY OR TOWN	(If out	side cornorate l	imite write	e RURAL and give
INSTI	TUTION	516 N.C	Soul	lt.		Ball	mu	e 7.	-00	township
c.	igth of s	stay in Baltimore	20 7	hes.	Yrs. Mos. Days	5/6 7.	SS Alf rur	al, give location)	
5. SEX	(6. COLOR OR RACE		MARRIED, ED, DIVORCED		8. DATE OF BIRTH	905	. AGE (In years last birthday)	Months I	Yesı Huder 24 Hours Days Hours Min.
	during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS	1000	11. BIRTHPLACE (S	State or forei	gn country)		ITIZEN OF HAT COUNTRY
13. FA	THER'S	NAME	-		-	14. MOTHER'S MA	IDEN NAM	E Ua.		
	Un	krowere				Frollie		mith		
15, W/ (Yes, no	AS DECEAS	ED EVER IN U. S. ARME (1f yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	17, INFORMANT	s Pr	Oleman.	ADDRES	ss
18	. 23	××		CA	AUSE C	F DEATH		xxxxxx		ITERVAL BETWEEN
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUSE SOR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L.	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN	e, .) DUE TO (B)	evel	-al Tl		b-ra's	J ?	h monith
ERT	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATE	D	3/2					
19 19		OF OPERATION		FINDINGS O		ATION			A	20. AUTOPSY7
HC HC	A. ACCID MICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY				n Baltimore Cit		
21	D. TIME	(Month) (Day) (Year			OCCURRE OT WHILE	D 21F. HOW DID	INJURY C	CCUR?		
de de	. I herel	by certify that I at	tended the	deceased from	h oceur	red at 1:45 A m	from the	eauses and or	950, that	t I last saw the
	A. SIGNA		off o			807 M. Co	wh	ne St	-	DATE SIGNED
Z4A. TION J	BURIAL,	CREMA- 24B. DATE Specify)	9/950	24c. NAME OF C	EMETER	Onus Pa	240. LOC.	ATION (City, to	wn, or tou	
	RECEIVE	TRAR (S SIGNATU	A 1 2 3 .	10-1	25. FUNERAL DIR	Sch (1.	Elliso	Ya Da	ress
	VS 150		Ø				\$3B	12971.	Car	Line St
- 1	-4-1	Contract of the Contract of th					0 9 10		Canal P	

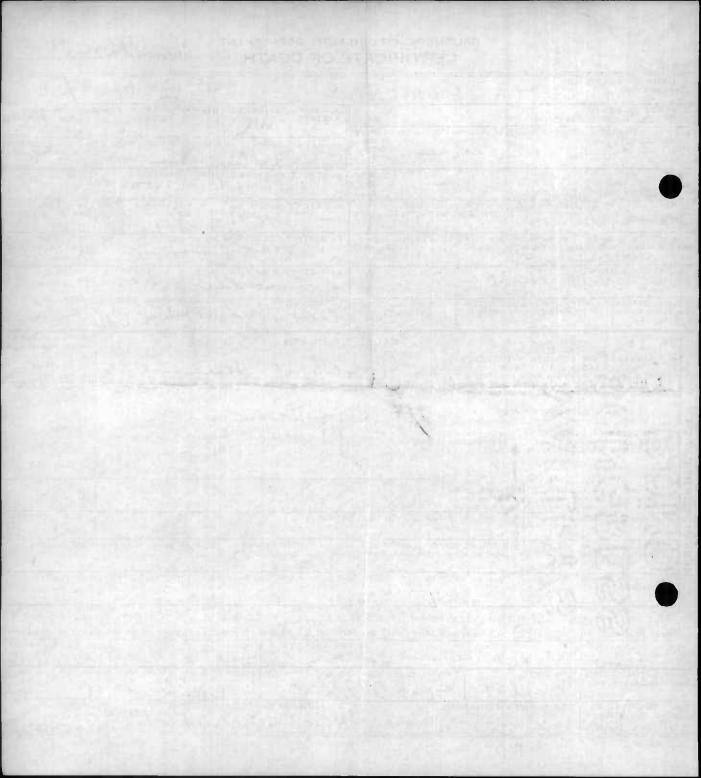


E-355 50 5704

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5704

BI	IRTH NO.	OEITH TOTT	= Of BEXTII	
1. (T	NAME OF DECEASED Print) CO DERTA	EDMOND	S	2. DATE OF 6/27/50 DEATH
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution give street address on	A. STATE W	here deceased lived, If institution; residence B. COUNTY before admission
H	OSPITAL OR	ivay St	Ballin	outside corporate limits, write RURAL and giv
c.	ngth of stay in Baltimore	Yrs. Mes. Days	b. STREET ADDRESS (18)	cural, give location)
5.		NGLE, MARRIED, IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.
1 C	DA. USUAL OCCUPATION (Give kind of los. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Hime	<u> </u>	14. MOTHER'S MAIDEN NA	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT WAR	John 646 Cours
	18. 331X		OF DEATH	INTERVAL BETWE
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., (A)	coral Hen	www hage 3 days
7	ANTECEDENT CAUSES	140	1 deteusu	i -
CATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.		Varleus se	levsis
TIF	II OTHER SIGNIFICANT CONDITIONS	(C)		
CEF	TRIBUTING TO THE DEATH, BUT NOT F	ELATED ING IT.		
CAL	19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
EDIC		s. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		f in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour INJURY	WHILE AT NOT WHILE		OCCUR?
	22. I hereby certify that, I attended	the deceased from	125, 106,	7, 1910, that I last saw th
	deceased alive on (12), 19	and that death occur	red at 10 a +m., from th	ne causes and on the date stated above
	23A. SIGNATURE Value	Cle M.D.	3B. ADDRESS W. See	23e. DATE SIGNED
Z.	AA. BURIAL CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	cation (City, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIG		Saiah & Brown	w Sow monte omerse
	VS 150			830



1/230

EN EMAE

V	A JU	0/00
50 5700	EALTH DEPARTMENT	
BIRTH NO. CERTIFICAT	E OF DEATH Registered No	
1. NAME OF DECEASED (Type or Print)	2. DATE OF 7 0	0
MOBERTLIEST	DEATH &	June 50
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If itself A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address o		before admission)
HOSPITAL OR location		rite RUPAL and alva
INSTITUTION	1 2 2 3	A 1 /
Church Home & Hospital		ES CREEK
Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Igth of stay in Baltimore Mos.	2200 Lucaln au	- 5300
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		1 Year H Under 24 Hours
WIDOWED, DIVORCED (Specify	10 Feb 4.3 last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Givehinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
work done during most of working life, even if retired) INDUSTR'	Y	WHAT COUNTRY
- NONE -	Maryland	WSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Roy L. Visi	maggie M. Monrae	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
SECONTY NO.	Parento 2208 Lin	A A
18. J / O , J	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g.,	eliclasio	4 thro
heart failure, asthenia, etc. It means the disease,		
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	10. 111	-1
Z (B)	correge following	2 Mg
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	LA 9	
UNDERLYING CONDITION LAST.		
<u>U</u>		
(C)		***************************************

20. AUTOPSY?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION

+ advandedos 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office-bldg., etc.) 21c. WHERE DID

YES (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

WORK

21F. HOW DID INJURY OCCUR?

, 1950 to

22. I hereby certify that I attended the deceased from_ deceased alive on 27 June, 1950, and that death occurred at 2 -Am., from the causes and on the date stated above.

23A. SIGNATURE 238. ADDRESS

23c. DATE SIGNED 28 June 50

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (Chy, town, or county)

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

JUN VS 150

R

CEI

EDICAL

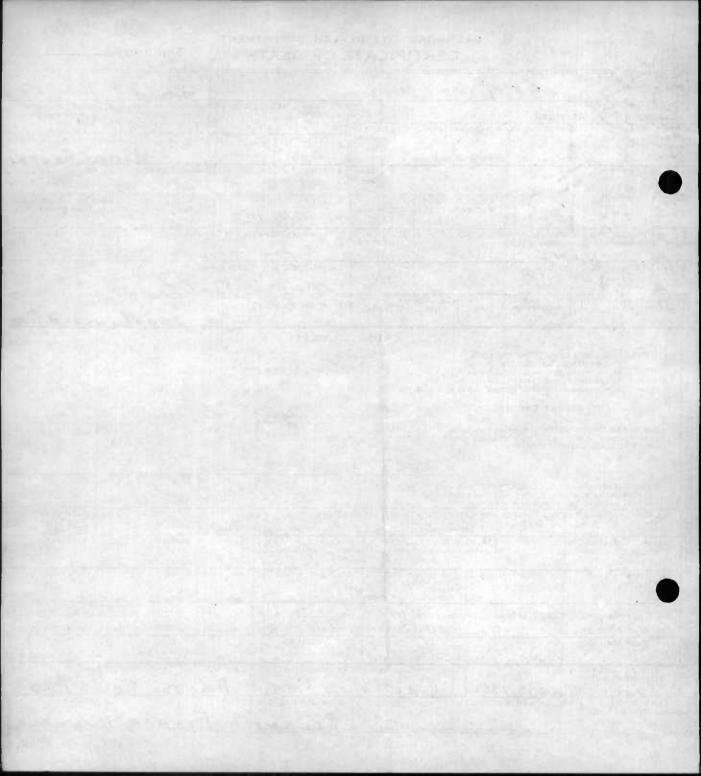
Σ

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

that I last saw the

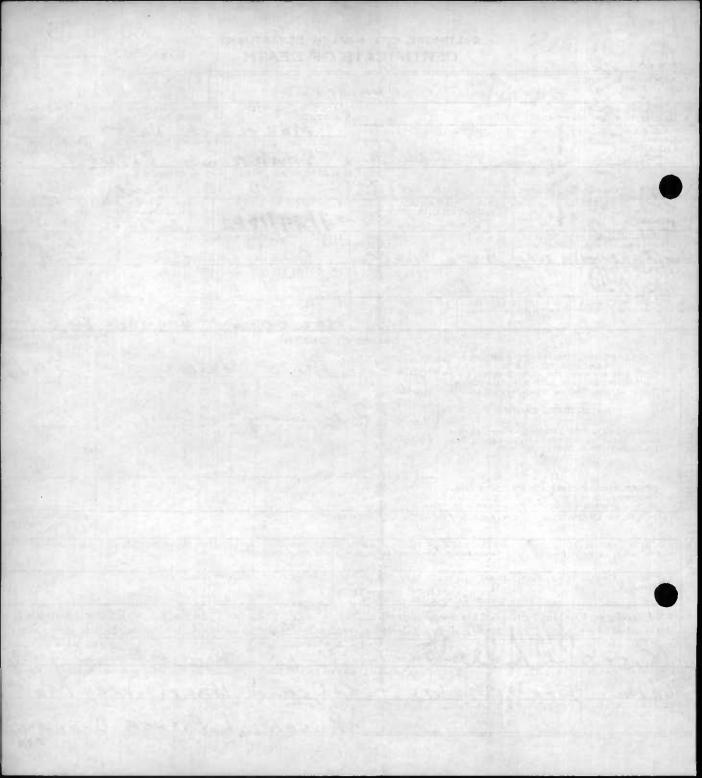
L. FISHER DUNDALS



В	741 .1/1/17	RE CITY HEALTH DEPARTM		5'706
	NAME OF DECEASED HARRY B.	BRAMBLE.	2. DATE OF DEATH	124/50.
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDER	NCE (Where deceased lived, If in	stitution : residence before admission)
H	FULL NAME OF (If not in bospital or institution, give OSPITAL OR ISTITUTION	e street address or location) C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give
2	Climen Home & Day	Justinary SPAR	Rows Poin	township)
c.	igth of stay in Baltimore	Mas. Days Days	E. Street.	5300
5.	6. COLOR OR RACE 7. SINGLE, MARK WIDOWED, DIV	VORCED (Specify) 8. DATE OF BIRTH	9. AGE (In years H Un last birthday) Mont	nder 1 Year H Under 24 Hours ths Days Hours Min.
1C worl	A. USUAL OCCUPATION (Givekind of IOB. KIND OF BL	JSINESS OR INDUSTRY	tate or foreign country)	2. CITIZEN OF WHAT COUNTRY
G	FATHER'S NAME HAN.	STEEL Co. Man	land.	leff
	Arribana Brana Sole.	14. MOTHER'S MA	DEN NAME	
		OCIAL 17. INFORMANT	ADI	DRESS
		MRs. EDA	A M. BRAMBLE	
	18. SYSX 1	CAUSE OF DEATH		ONSET AND DEATH
K	heart failure, asthonia, etc. It means the disease,	gestivi. Heart	Failure	2 days
	ANTECEDENT CAUSES	2	la trapasi	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	UE TO	1)	
LIFI	n –	(C)		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
O	19A. DATE OF OPERATION 19B. MAJOR FINDS	NGS OF OPERATION		20. AUTOPSY?
CAL				YES NO
EDIC,		INJURY (e. g., in or 21C. WHERE DI iny, street, office bidg., etc.)		re exact location)
M	21b, TIME (Month) (Day) (Year) (Hour) 21e, IN INJURY WHILE AT		INJURY OCCUR?	
	22. I hereby certify that I attended the decease	sed from 6/21/, 1950	10 6/27 1956	That I last saw the
	deceased alive on 6/27/1, 1950, anoth	at death occurred at 10 pm.,	from the causes and on the	
	23. SIGNATURE	M. D. Church	Hame of Jus	23c. DATE SIGNED
	ON, REMOVAL (Specify)	AME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or	- 1 50
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	ESTERN CEM.		E, 19a
=	to Millians	MAR ROLAND	L. FISHER	DUNDACK,

30841

114E



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

59 - 5707

JL- 139232 Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) Mary Washington Lambdin 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (H not in hospital or institution, give street address or altimore City Hospital socation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION astern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3117 ODonnell St. -24 gth of stay in Baltimore Life Days last hirthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) Female Dec. ? 1884 White 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) , 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ma. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL B. C. H. Records, 4940 astern Ave. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemorrhage due to rupture of esophageal varices (This does not mean the mode of dying, c. g., heart failure, asthonia, etc. It means the diseasc. injury or complication which caused death.) ANTECEDENT CAUSES Laennec's cirrhosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., ie er (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? LNJURY NOT WHILE! 6-26-50 19 to June 27 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on June 27 19 50 and that death occurred at 4 Mm., from the causes and on the date stated above. 23A. SIGNATURE June 27, 1950 23B. ADDRESS 4940 eastern Ave. 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) TION BENOVAN (Specify) Mt. Carmel Cemetery-Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Lutuaton Millians, M. LOCAL REGISTRAR

VS 150

Lilly & Zeiler , 403 S. Wolfe Street 124a

a falligram on the dis-Andrew Colonia Colonia, and a second of the Colonia Colonia

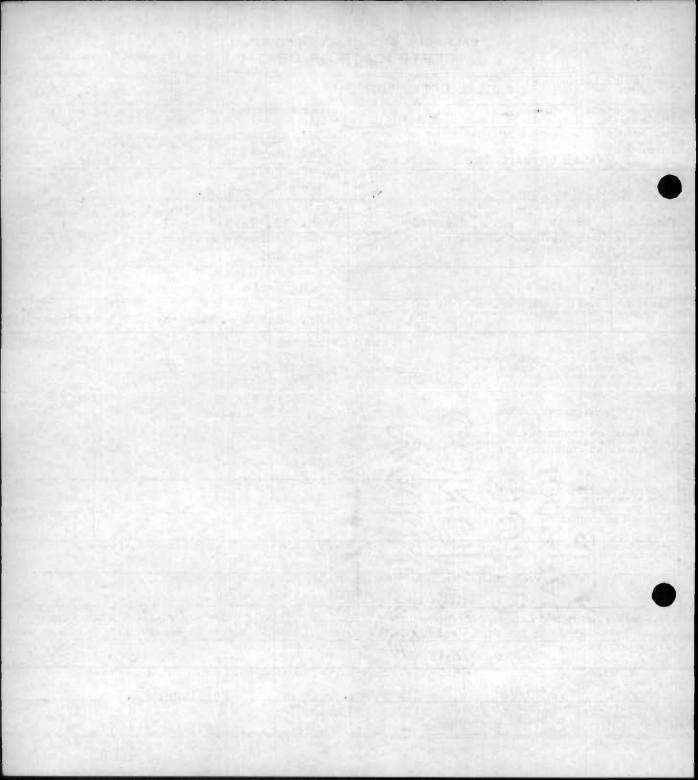
P	-6	20
1	50	5708

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5708 Registered No.

D	112.11	1 140.		
_			_	

	NAME OF D	ECEASED	JULIA	ANN PEREGOY		OF Jui	ne 27, 1950
A.	PLACE OF D Baltimore (City, Maryland	tal or instituti	on, give street address or	4. USUAL RESIDENCE () A. STATE Md.	Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	SPITAL OR STITUTION	1922 Herbe		location)		f outside corporate lim	its, write RURAL and give
				Yrs.	D. STREET ADDRESS ()f	rural, give location)	1
c.	igth of s	tay in Baltimore	1148	Mos. Days	1922 Herbert S	St.	
5.	female	6.COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify) LOWED	8. DATE OF BIRTH Jan. 22, 1879	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10 worl	A. USUAL OC done during most of NOUSEW	CUPATION (Givekinder) of warking life, even if retired 118	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Mary land	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	Edward	M. Smith			Ann Temple		
15 (Ye	. WAS DECEASI , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Edward J.		ADDRESS Rd. 11 Windsor Mil]
CERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING TO THE D	SE OR CONDITION LEADING TO DEA s not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A- YING CONDITION L BIGNIFICANT CONE S TO THE DEATH, BUT DISEASE OR CONDITIO	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN D STATING TH AST. PITIONS CONTROLATE N CAUSING 1	(B) (C) (C)		ndI	ONSET AND DEATH
SAL		0	198, MAJOR	FINDINGS OF OPER			YES NO
MEDICAL	21A, ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., ir arm,factory,street,office bldg.,e		If in Baltimore City,	give exact location)
V	21D. TIME	(Month) (Day) (Year		WHILE AT NOT WHILE WORK		Y OCCUR?	
90			m.			27/5	
	22. I hereb			deceased from		//	_, that I last saw the
	23A/SIGNA		our	and that death occur	3B. ADDRESS WAY	The causes and on	the date stated above
TI	AA. BURIAL, ON, REMOVAL (S Buria)	Specify) 6/29/	50	Woodlawn Cem	• Wo	ocation (City, low	
	SCAT RECEIVE		SSIGNATU	N. C.	25. FUNERAL DIRECTOR	1 0/1/	1000



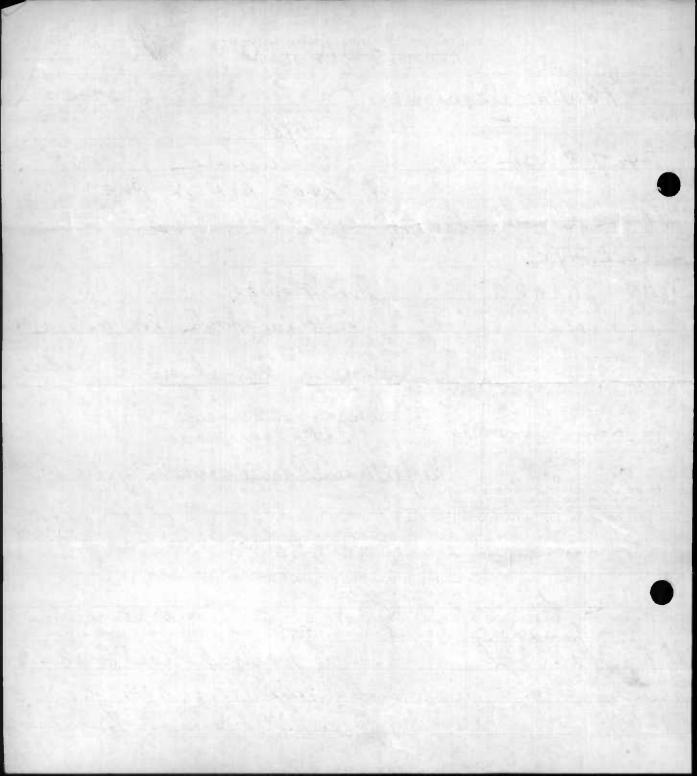
5-142

1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5709 Registered No.

FAULINE SZABLOWSKI	DEATH 6-27-50	,
Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: resident A. STATE), B. COUNTY before ad	
B. FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITX OR TOWN (If outside corporate limits, write RURA).	and give
2401 NILSIA AVE	Hallemore 27-03	ownship)
Yrs. Mos. Days in Baltimore Days	2401 Air Si's AVE.	110
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der 24 Hours
1. N. Married	1/26/88 62	
OA. USUAL OCCUPATION (Givekind of retired) OB. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN C WHAT COL)F UNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN REKRUI! HO	ELE. BRWER.	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	6
18. 1/20 / CAUSE		BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND	2 DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rary Chrombosis sudd	le-
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	ary Aclerous	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	L'Elisacierosia	
Vesto ten	une Cardio-vasculousyndrame	,
OTHER SIGNIFICANT CONDITIONS CON-	A CONTRACTOR OF THE PROPERTY O	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTO	NO A
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in bout home, farm, factory, street, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location	
215 TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F, HOW DID INJURY OCCUR?	
m. WORK AT WORK	19 , 1950, to June 27, 1950, that I last s	47
deceased alive on June 26. 19.50. and that death occur		
PARAGENATURE DOOD 22	706 Harlord Poal 6-28-	
M. D. 42 AND BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER AND REMOVAL (Specify)		ASTATE)
Device 6/20/50 Moreland	Muneral TRY LOR RVA. Mic	Z.
OCAL REGISTRAR S SIGNATURE	ADDRESS ADDRESS ADDRESS ADDRESS	en el
VS 150	yand - garanam / South	1
	139	



	50	5710
PL	41	2
BIRTH N	10	

50	5740
UU	0110
gistared No	

CERTIFICAT	TE OF DEATH Registered No.
1. NAME OF DECEASED	
(Type or Print) Mary I. Phi	Clips 2. DATE OF 6/27/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4 USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location	
36 So. 6 arlton St.	Baltimore 18-03 township)
c. gth of stay in Baltimore Life Mos	21 0 7 04
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
Jemsle white married (Specif	12/17/1884 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
House Wife lat Home	Baltimore Ind. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Munee Roonly
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT PRIORINA ADDRESS TO SE
18. Hyo. O CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	terioscherte feart Disess unkom
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
ONDERLYING CONDITION EAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg	in or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH 2 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	E
	1/0/ 7-10
22. I hereby certify that I attended the deceased from deceased alive on 19 5, 19 50, and that death occ	urred at 10 Am., from the causes and on the date stated above.
23A. SIGNATURE Racusin N.O.	236 S. G. mr &. 23c. DATE SIGNED 6.27.50
24A. BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) 7/1/50 London 1	Park tom 3801 Brederick are
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Thurtry for Williams, M. M.	John & Bowantson Gollies
JUN 750	
	(93) ot:

REFISHER M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

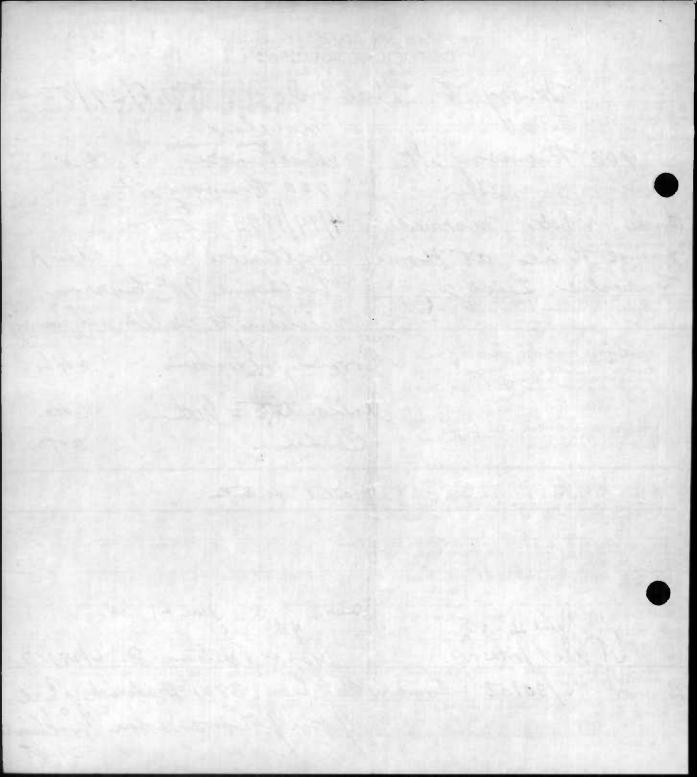
F-450 50 5711

50 5711

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION townshin) Yrs. (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED ASE (In years | M Under | Year | M Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of M BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life even iffetired) INDUSTRY WHAT COUNTRY suse Wife ome FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. J84X I DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ONSET AND OLATH LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO 3 70, UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE WORK 1957 that I last saw the line 2 that I attended the deceased from_ 30 km., from the eauses and on the date stated above. 19 80 deceased after on. and that death occurred at. 23A. SIGNATURE 24c. MAME OF CEMETERY OR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS OCAL REGISTRAR

VS 150

940 \$



CERTIFICATE OF DEATH Hartenstine 1. NAME OF DECEASED 2. DATE (Type or Print) PSSIP Louise DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give laryland general Hospilal INSTITUTION township) hi heipid turhace D. STREET ADDRESS (If rural, give location) Mos. rth of stay in Baltimore 18759. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Widowed 74 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if ctired) INDUSTRY WHAT COUNTRY? tousewife JSA 13. FATHER'S NAME oseph Isabelle Muirhead 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or uoknowo) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. NO hone CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH mindo (This does not mean the mode of dying, e.g., insafficiency heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Arterioschostic cardiovascula duser UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 6-24_1900 to 6-20, 1950 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 6-28, 1950, and that death occurred at 72 Am., from the causes and on the date stated above, 24A. BURIAL CREMA-24C. NAME OF CEMETERY OF CHEMATORY Brooksier. DATE RECEIVED BY VS 150

AND AND STREET OF THE STREET, and which what was The star the same of the same as president and the second of the second second of be State be vince & Colorest Land Colorest Land

	A	Hos	DITA	_	Kallus	unt 3	- 4/
C.	Ongth of s	tay in Baltimore	9 40	Yrs. Mos. Days	D. STREET ADDRESS	If rural give location)	11.
5	Male.	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	it Under I Year on the Days Hours Mi
wor	k done during most of	CUPATION (Give kind of power king life, even if retired)	108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fereign country)	12. CITIZEN OF WHAT COUNTR
	3. FATHER'S N	P			14. MOTHER'S MAIDEN	NAME ()	
1: (Ye	5. WAS DECEASE M, no or unknowu)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Cora. F	age. 1414	DDRESS A
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION IN LEADING TO DEAT is not mean the mode of the article of the complication which complication is one complication which complication with the complication which complication is not the death, but its to the death, but its complication condition is not the complication which complication which complication which complication is not the complication which complication is not complicated to the complication which complication is not complicated to the complication of the complication which complication is not complicated to the complication of the complication is not complication.	TIONS COPNOT RELATE	(B) ART	OF DEATH NIC MY OCAL MRDIAL DCY PONIC DE COM PRIOSCIENTI IS EUSE MRDIAL DCY MRDIAL	cheentrum chensation chennet	8 Weeks
CAL		0		FINDINGS OF OPER			20. AUTOPSY?
MEDICA	HOMICIDE	(Month) (Day) (Year)	(Hour)	CE OF INJURY (e.g., i arm, factory, street, office bldg., 21E, INJURY OCCURR WHILE AT ONT WHILE WORK AT WORK	ED 21F. HOW DID INJU	(If in Baltimore City,	give exact location)

VS 150

REGISTRAR'S SIGNATURE

butte afor Villaus, M.

23A SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

22. I hereby certify that I attended the deceased from MAY 12, 1950, to June 27, 1950, that I last saw the deceased alive on 10 ne 26, 1950, and that death occurred at 6.251 m., from the causes and on the date stated above.

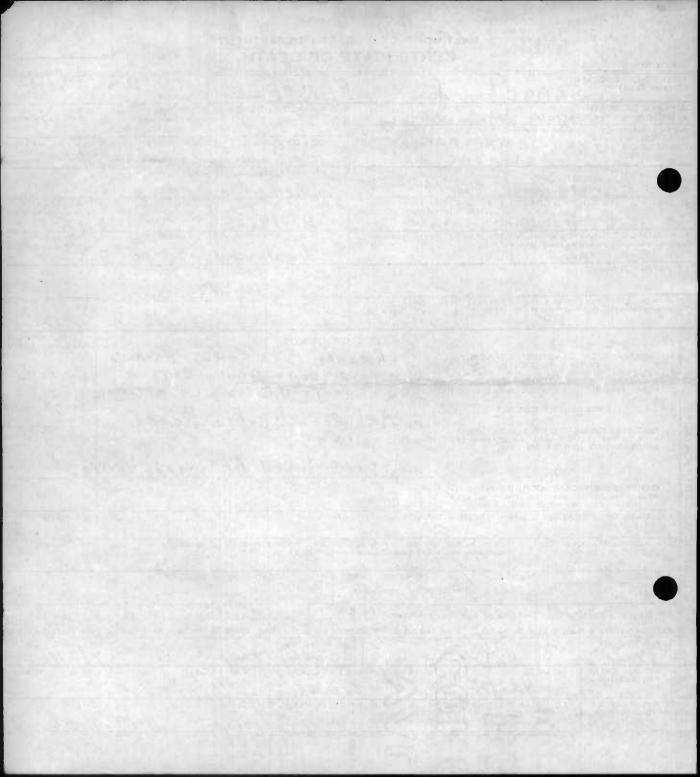
238. ADDRESS

25. FUNERAL DIRECTOR

ADDRESS

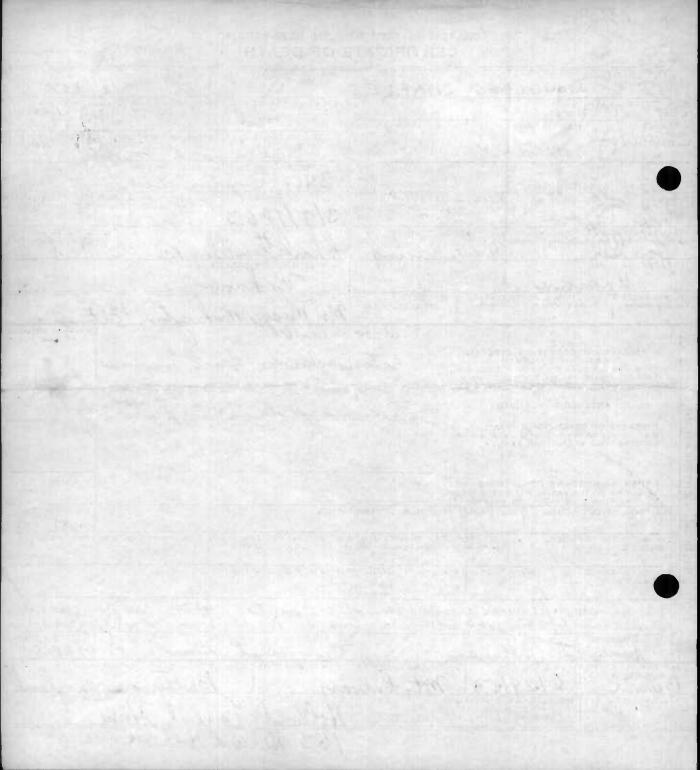
23c. DATE SIGNED

before admission)



D- 24 3711

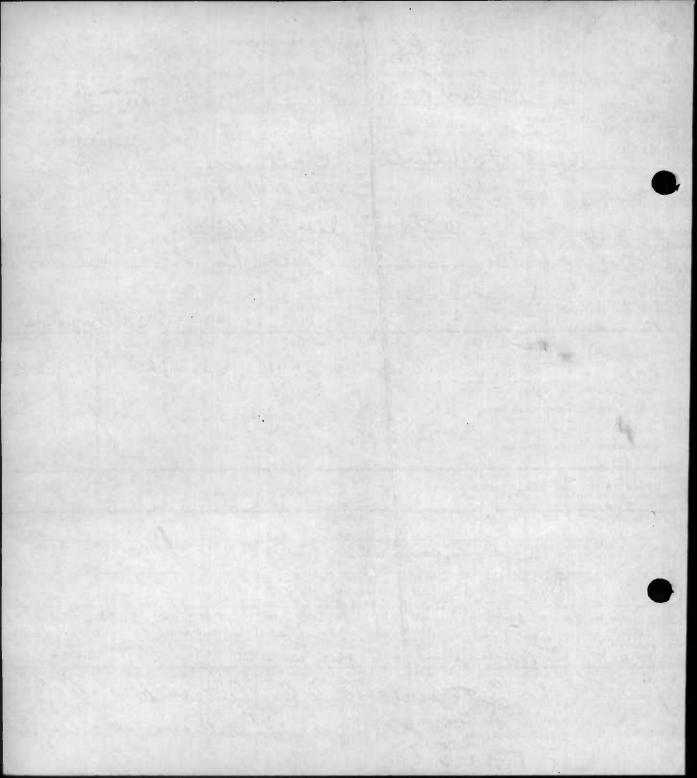
	IRTH NO.	J/LT	DA	CERTIFICAT	E OF DEATH	Register	red No.
-	NAME OF DI	ECEASED				2. DATE	
(T	ype or Print)		A55	CHARLES		OF DEATH	6/27/50
	PLACE OF DE Baltimore C	ity, Maryland	,	SILVINGO	4. USUAL RESIDENCE (VA. STATE		
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	ma.	_	7-18
IN	OSPITAL OR ISTITUTION	Provid	ant	location)	C. CITY OR TOWN (III	outside corporate	limit, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give locatio	n) PATON
С.		ay in Baltimore		Days	DYII Park	on av	و
5.	Malo	Negra.	WIDOW	E MARRIED, VED DIVORCED (Specify)	3/7/1863	9. AGE (In year last birthday) Months: Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	preign country)	12. CITIZEN OF
04,	Irain	f working life, even if retired)	Hors	e Muind	to harlollesin	1. Va.	WHAT COUNTRY
13	B. FATHER'S N		7,7		14. MOTHER'S MAIDEN N	AME	
	M	rknow			Unknow	m	
15 Ye	, nn or nnkonwn)	D EVER IN U. S. ARMEI (If yes, give war nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1. 4	ADDRESS
_					11/1s. 1/aggre, Na	hiredon	Patra Cire
	18. 42	0.0		CAUSE	OF DEATH	//	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	1+	. 0 1. 11	12.	
	(This does	not mean the mode	of dying, e.	g., (A) Aller	societables Hes	nt Dige	عمد
		re, asthenia, etc. It mea complication which					
		ANTECEDENT CAUS	e E C	- 0	4		<u>a</u>
Z		ANTECEDENT CAUS	DE S	(B) Yulya	mary Edena 4	Congal	ion
2		OR CONDITIONS, I					
		ING CONDITION L		RE DOE TO			
2				WITH THE REAL PROPERTY.			
		11		(C)	min in a committee of the committee of t		
Į,	TRIBUTING	IGNIFICANT COND	NOT RELAT	ŁD .			
,		F OPERATION 1		FINDINGS OF OPER	ATION	***************************************	20, AUTOPSY?
L		7					YES NO
2	21A. ACCIDE HOMICIDE	NT, SUICIDE.		ACE OF INJURY (e. g., is farm, factory, street, office bldg., e		If in Baltimore C	City, give exact location)
i	HOMICIDE	(Specify)	about nime,	tarm, ractory, street, omce bidg.,	w.) INJURY OCCURY		
2	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	D 21F. HOW DID INJUR	Y OCCUR?	
	MJORY		m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I att			19 35, 1950, to	6/27	1950, that I last saw the
	deceased al	ive on 6/26	1950	and that death occur	red at 2 Am., from t	he eauses and	on the date stated above.
	23A. SIGNAT		0	. 2	38. ADDRESS	11 1	23c. PATE SIGNED
	front	m H. NO	tre	M. D.	Provident.	Hogs.	6/28/50
	4A. BURIAL, C		. /	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City,	town, or county) (State)
_	Bural	1 8/29	150		and I	Ballin	Mir land
	ATE RECEIVED OCAL REGISTI	7.0	4 64	1	25 FUNERAL DIRECTOR	11.2	ADDRESS
_ 2	<u> </u>	1 kmulii	won 11	Mianus, Mr	Holland's Tu	recal 19	Mne
J	Ulvs-150	30			1631 David	Hell us	4 000
					10011010000		734
							1 /



B-600

131 3

FO 5014 B BALTIMORE CITY H	EALTH DEPARTMENT	5715
.10 0/10/		1111
BIRTH NO.	E OF DEATH Registered No	
1. NAME OF DECEASED	(Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Type or Print) Hattie Berry!	DEATH June	-26,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address o		before administrati
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits.	
1612 W. Jayette St.	Baltimore 19-	0 C township
Yrs.	o. STREET ADDRESS (If rural, give location)	
c. Light of stay in Baltimore / U Days		
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Illumination Illumination	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
ork done during most of working life, even if retired)	" Lu. III La	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WIDIUI.
Samuel	Jula nora	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war nr dates of service) SECURITY NO.		DRESS //
No.	Idelan Service, 1612 W. C	tayette et
18. CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	c .	ONSET AND DEATH
LEADING TO DEATH	rice Mycar belia	11.0.1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A Company	1700
injury or complication which caused death.) OUE TO	V	
ANTECEDENT CAUSES		
(B) 6 W	me no miles	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
UNDERLYING CONDITION LAST.		
(6)		***
11		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.		· · · · · · · · · · · · · · · · · · ·
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
		YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.		e exact location)
ZINTIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
JURY WHILE AT NOT WHILE		
m. WORK AT WORK		
22. I hereby certify that I attended the deceased from	el, 1949/10 6/26, 1957	that I last saw th
deceased alive on 12/2 , 1950, and that death occu		
234 SIGNATURE	23B. ADDRESS	236. DATE SIGNED
Duit Sunder	1221 488 5	10/26 1.00

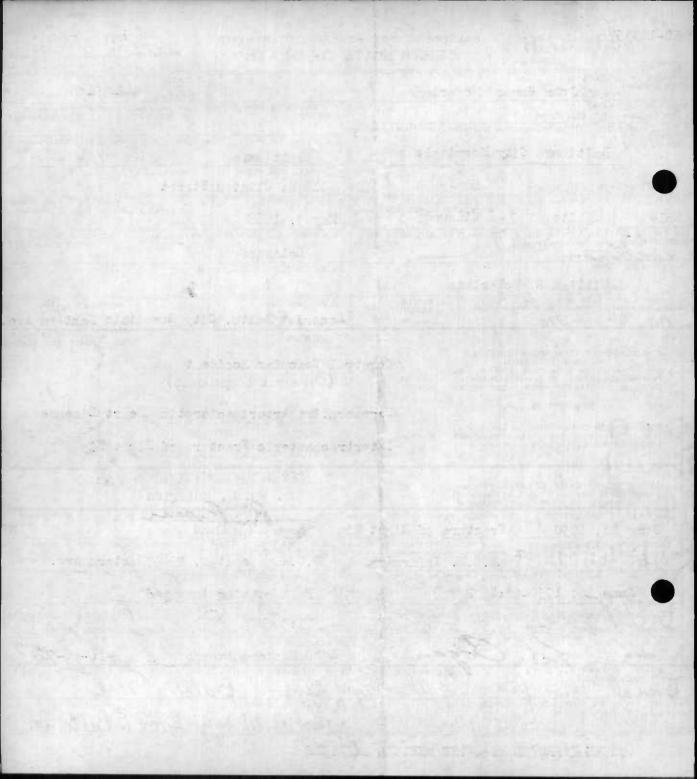


M-216 ES-1293530 57

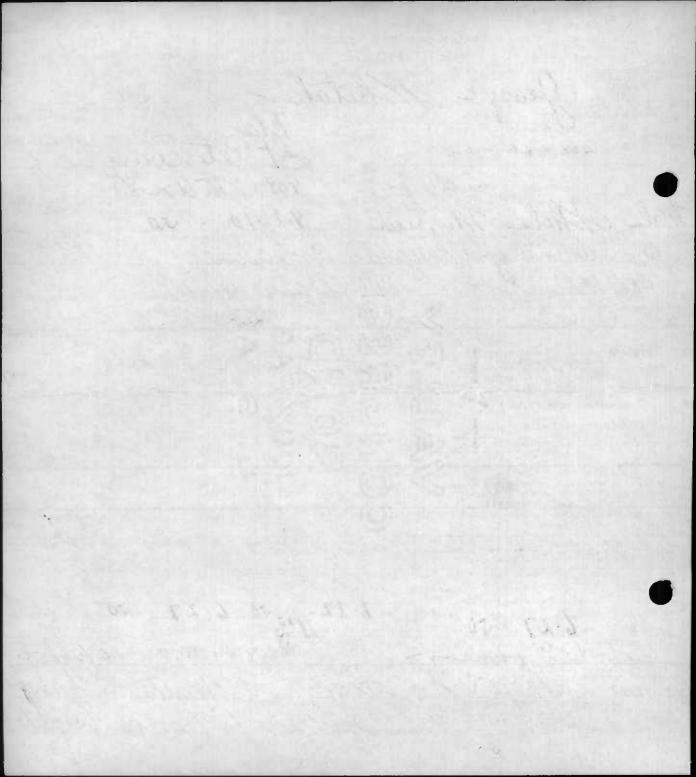
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5716

Type or Print)	John How	ard McFarlane	0		0	F	6 26 60	
. PLACE OF D		ald meraliane	11	4. USUAL RESIDEN			6-26-50	
. Baltimore (City, Maryland			A. STATE		. COUNTY		residence re admission)
FULL NAME	OF (If not in hospit	al or institution, give str	reet address or	lld.				
NSTITUTION	D-14 twoms Ct	to Warmitala	/	C. CITY OR TOWN	(If outside	corporate lim	nits, write RU	RAL and give township)
3/	Daretmore of	ty Hospitals		Baltimo		46	-10	township)
			Yrs.	D. STREET ADDRES	S (If rural, gi	ve location)		1921
	tay in Baltimore	40 Yrs	Mos. Days	112 N. Clin	nton Stre	et		
SEX	6. COLOR OR RACE	7. SINGLE, MARRIE		8. DATE OF BIRTH	9. AG	E (in years	H Under I Year	If Under 24 Hours
Male	White	WIDOWED DIVOR	RCED (Specify)	May 3, 1868	last	32	donths Days	Hours Min.
OA. USUAL OC	CUPATION (Give kind of	108. KIND OF BUSI		11. BIRTHPLACE (Sta	te or foreign co	untry)	12. CITIZI	EN OF
1 AL	of working life, even if retired)		INDUSTRY	Delaware			WHAT	COUNTRY
3. FATHER'S N	NAME		_	14. MOTHER'S MAID				
	William P M	oForlane		9	ZIV IVANIE			
5 WAS DECEASE	William R. M							
es, no or unknown)	(If yes, give war or date		URITY NO.	17. INFORMANT	F 25.5		ADDRESS L	1940
10	270			Records* Balt	to. City	Hospita	als East	ern Ave
18. E 9	04.7		CAUSE C	F DEATH	0 1 2 2		INTERV	AL BETWEEN
DISEAS	E OR CONDITION						ONSE	AND DEATH
(This does	not mean the mode o	f dving, e. g., (A)	Cerebr	al Vascular A	Accident			
heart failu	re, asthenia, etc. it mca	ns the disease.	,	(Cerebral t	hrombosi	s)		*********************
injury or	complication which c	gueed dooth) Due :	TO					
injury or	complication which c	aused death.) DUE	то					
injury or	complication which c	aused death.) DUE	Desene		iosclerot	ic Hea	art Dise	950
injury or	complication which c	aused death.) DUE		rative Arter	iosclerot	ic Hea	art Dise	ase
DISEASES	ANTECEDENT CAUS OR CONDITIONS, IF	aused death.) DUE 1 SES (B) F ANY, GIVING STATING THE DUE 1	Degene	rative Arter	*************************	*****************		ase
DISEASES	ANTECEDENT CAUS OR CONDITIONS, 11	aused death.) DUE 1 SES (B) F ANY, GIVING STATING THE DUE 1	Degene		*************************	*****************		2.S e
DISEASES	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	aused death.) DUE 1 EES (B) F ANY, GIVING STATING THE DUE 1 ST.	Degene	rative Arter	Fracture	of Righ		ase
DISEASES RISE TO TI UNDERLY	ANTECEDENT CAUS OF CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA	aused death.) DUE 1 ES FANY, GIVING STATING THE DUE 1 ST. (C)	Degene	rative Arter: rochanteric I	Fracture	of Righ		285 e
DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	aused death.) DUE 1 SES (B) F ANY, GIVING STATING THE ST. (C) TIONS CONNOT RELATED	Degene	rative Arter: rochanteric I	Fracture	of Righ		285 e
DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	aused death.) DUE TES FANY, GIVING STATING THE DUE TEST. (C) TIONS CONNOT RELATED CAUSING IT.	Degene	rative Arter rochanteric I CERTIFICA Dr. Wm.	Fracture	of Righ	ht Hip	
OTHER S TRIBUTING TO THE DI 19A. DATE O	ANTECEDENT CAUSE OF CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA III IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION F OPERATION 1	aused death.) DUE TES FANY, GIVING STATING THE DUE TEST. (C) TIONS CONNOT RELATED CAUSING IT	Degene To Intert	rative Arter rochanteric I CERTIFICA Dr. Wm.	Fracture TION APPRO	of Right	ht Hip	UTOPSYI
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2	ANTECEDENT CAUSE OF CONDITIONS, IF TO THE DEATH, BUT SEASE OR CONDITION LA	aused death.) DUE 1 ES FANY, GIVING STATING THE DUE 1 ST. (C) TIONS CONNOT RELATED CAUSING IT	Degene To Intert GS OF OPERA Right Hi	rative Arter: rochanteric I CERTIFICA Dr. Wm.	Fracture TION APPRO G. Helf St. Medical ex	of Righ	ht Hip	UTOPSY7
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING DO	ANTECEDENT CAUSE OF CONDITIONS, IF THE ABOVE CAUSE (A) TING CONDITION LA CONDITION LA CONDITION CONTRIBUTING TO CONTRIBUTION CONT	aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO STATING THE	Degene To Intert GS OF OPERA Right Histort, office bldg, etc.	CERTIFICA Dr. Wm. CTION DC. CHIEF OR AS COLUMN 1 21C. WHERE DID	TION APPRO G. Helt	of Righ	20. A	.UTOPSY7 No 🔀
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING CAUSE OF	ANTECEDENT CAUSE OF CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION CONDITION OF OPERATION 121, 1950 ENT WAS UNDER-RICONTRIBUTING TO CONTRIBUTING T	aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO STATING THE	Degene To Intert ES OF OPERA Right Hi street, office bldg., etc. irmary	CERTIFICA Dr. Wm. TION DCHIEF OR AS OF 21C. WHERE DID INJURY OCCUR? B.C.H. Hos	TION APPRO G. Helf SST. MEDICAL EX (If in Bal	of Right VED BY rich	20. A	.UTOPSY7 No 🔀
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (ANTECEDENT CAUSE OF CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONTRIBUTING LA CONTRIBUTION LA CO	aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO STATING THE DUE TO STATING THE DUE TO STATING THE DUE TO STATING THE	Degene To Intert GS OF OPERA Right H. i. Buttet, office bldg., etc. irmary RY OCCURRE	CERTIFICA Dr. Wm. CHIEF OR AS	THON APPRO G. Helf SST. MEDICAL EX (If in Bal spital, 4	of Right WED BY rich	20. A	UTOPSY7 No 🔀
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF I 21D. TIME (ANTECEDENT CAUSE (A) SOR CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LA TING CONTRIBUTION LA TING CONTRIBUTIO	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDING Practure of 21B. PLACE OF IN. about home, farm, factory, st. B. C. H. Infi (Hour) 21E. INJUR 0:40m. WHILE AT WORK	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irmary RY OCCURRE: AT WORK	CERTIFICA Dr. Wm. CHIEF OR AS	Fracture TION APPRO G. Helf SST. MEDICAL EX (If in Ball spital, 4 NJURY OCCU ting into	of Right VED BY rich	20. A YES give exact lestern Av	UTOPSY? NO X ocation)
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF I 21D. TIME (ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA TOTHE DEATH OF OPERATION (TOTHE CONTRIBUTING TOTHE CONTRIBUTION TO THE CONTRIBUTION TH	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN. about home, farm, factory, si B. C.H. Infi (Hour) 21E. INJUI 0:40m. WHILE AT WORK ended the deceased	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irmary RY OCCURRE: AT WORK	CERTIFICA Dr. Wm. CHIEF OR AS	THON APPRO G. Helf SST. MEDICAL EX (If in Bal spital, 4	of Right VED BY rich	20. A YES give exact lestern Av	UTOPSY? NO X ocation)
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF I 21D. TIME (ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA TOTHE DEATH OF OPERATION (TOTHE CONTRIBUTING TOTHE CONTRIBUTION TO THE CONTRIBUTION TH	TIONS CONNOT RELATED CAUSING IT. 218. PLACE OF IN about home, farm, factory, signed to the following of the control of the co	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irmary RY OCCURRE: AT WORK	CERTIFICA Dr. Wm. CERTIFICA Dr. Wm. CHIEF OR AS CONTROL CHIEF	Fracture IION APPRO G. Helf G. Helf SST. MEDICAL EX (If in Bal spital, 4 NUURY OCCU ting into	of Right VCD BY rich	20. A yes [give exact stern Av	OTOPSY7 NO A ocation) e.
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (7 JURY 22. I hereby	ANTECEDENT CAUSE OF CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION LA CONDITION LE CONTRIBUTING TO CONTRIBUTION CONTRI	TIONS CONNOT RELATED CAUSING IT. 218. PLACE OF IN about home, farm, factory, signed to the following of the control of the co	BS OF OPERA Right H. in Battrot, office bldg. etc irmary RY OCCURRE AT WORK from death occurr	CERTIFICA Dr. Wm. CHIEF OR AS CONTROL CHIEF OR AS CONTROL CHIEF OR AS CONTROL CHIEF OR AS CHIEF OR A	Fracture IION APPRO G. Hell SST. MEDICAL EX (If in Bal Spital, 4 NJURY OCCU ting into to 6-26 rom the caus	of Right VCD BY rich	20. A yes [stern Av 50, that I le the date ste	OTOPSY7 NO A ocation) e.
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (21D. TIME (22. I hereby deceased all 23A. SIGNAT	ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONTRIBUTING CONTRIBUTION CONTRIBUTIO	TIONS CONNOT RELATED CAUSING IT. 218. PLACE OF IN about home, farm, factory, signed to the following of the control of the co	BS OF OPERA Right H. in Battrot, office bldg. etc irmary RY OCCURRE AT WORK from death occurr	CERTIFICA Dr. Wm. CHIEF OR AS	Fracture IION APPRO G. Hell SST. MEDICAL EX (If in Bal Spital, 4 NJURY OCCU ting into to 6-26 rom the caus	of Right VCD BY rich	20. A yes [stern Av 50, that I le the date ste	OCCATION TO STATE SIGNED
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (22. I hereby deceased al 23A. SIGNAT	ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA TION OF THE DEATH, BUT ISEASE OR CONDITION OF OPERATION (TO THE DEATH MONTH) (Day) (Year) THE CONTRIBUTING TO THE CONTRIBUTION OF THE	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN about home, form, factory, si B. C. H. Infi (Hour) 0:40m.P WHILE AT work ended the deceased 1950 and that	BS OF OPERA Right Hi street, office bldg., etc irmary RY OCCURRE NOT WHILE AT WORK from death occurr 23	CERTIFICA Dr. Wm. CERTIFICA Dr. Wm. CHIEF OR AS CONTROL D. CHIEF OR AS D. CH	Fracture IION APPRO G. Hell SST. MEDICAL EX (If in Bal Spital, 4 NJURY OCCU ting into to 6-26 rom the caus	of Righ WED BY rich Chimer City, 1940 Eas R7 bed , 195 es and on	20. A yes [stern Av 50, that I le the date ste 23c. DA' 6-26	OCCATION TO STATE SIGNED
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (21D. TIME (22. I hereby deceased all 23A. SIGNAT	ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA TION OF THE DEATH, BUT ISEASE OR CONDITION OF OPERATION (TO THE DEATH MONTH) (Day) (Year) THE CONTRIBUTING TO THE CONTRIBUTION OF THE	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN about home, form, factory, si B. C. H. Infi (Hour) 0:40m.P WHILE AT work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in Irmary RY OCCURRE AT WORK I from 6 death occurr M. D. E OF CEMETER	CERTIFICA Dr. WM. CHIEF OR AS	Fracture IION APPRO G. Helf SST. MEDICAL EX (If in Bal Spital, 4 NJURY OCCU ting into to 6-26 rom the caus Avenue	of Righ WED BY rich Chimer City, 1940 Eas R7 bed , 195 es and on	20. A yes [stern Av 50, that I le the date ste 23c. DA' 6-26	Ocation) Te. ast saw the ated above. TE SIGNED 1-50
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (CONTREMOVAL'S) ATE RECEIVED DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE O JUNE 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (CONTREMOVAL'S) ATE RECEIVED	ANTECEDENT CAUSE OF CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONTRIBUTION LA	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN about home, form, factory, si B. C. H. Infi (Hour) 0:40m.P WHILE AT work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irrect, office bldg., etc irrmary RY OCCURRE AT WORK I from 6- death occurr death occurr M. D. E OF CEMETER	CERTIFICA Dr. WM. CHIEF OR AS	Fracture G. Helf G. Helf Syl. MEDICAL EX (If in Ball Spital, 4 NJURY OCCU ting into to 6-26 rom the caus Avenue	of Righ WED BY rich Chimer City, 1940 Eas R7 bed , 195 es and on	20. A yes [stern Av 50, that I le the date ste 23c. DA' 6-26	ast saw the ated above. TE SIGNED (State)
OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (CONTREMOVAL'S) ATE RECEIVED DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE O JUNE 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (CONTREMOVAL'S) ATE RECEIVED	ANTECEDENT CAUSE OF CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONTRIBUTION LA	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN. about home, farm, factory, si B. C. H. Infi (Hour) 21B. INJUIT 0:40m. work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irrect, office bldg., etc irrmary RY OCCURRE AT WORK I from 6- death occurr death occurr M. D. E OF CEMETER	CERTIFICA Dr. WILL CERTIFICA Dr. WILL CHIEF OR AS CHIE	Fracture IION APPRO G. Helf G. Helf Spital, H NJURY OCCU ting into to 6-26 rom the caus A Venue	of Right VED BY rich D. D. AMINER. Poly DE Eas R? D. bed	20. A yes [give exact stern Av 50, that I le the date ste 23c. DA' 6-26	ast saw the ated above. TE SIGNED (State)
OTHER S TRIBUTING TO THE DI 19A. DATE O 21A. ACCID LYING OF CAUSE OF I 21D. TIME (21D. TIME (23A. SIGNAT 4A. BURIAL, O ON REMOVAL (S) ATE RECEIVED OCAL RECEIVED	ANTECEDENT CAUSE OF CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONTRIBUTION LA	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN. about home, farm, factory, si B. C. H. Infi (Hour) 21B. INJUIT 0:40m. work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irrect, office bldg., etc irrmary RY OCCURRE AT WORK I from 6- death occurr death occurr M. D. E OF CEMETER	CERTIFICA Dr. WILL CERTIFICA Dr. WILL CHIEF OR AS CHIE	Fracture IION APPRO G. Helf G. Helf Spital, H NJURY OCCU ting into to 6-26 rom the caus A Venue	of Right VED BY rich	20. A yes [give exact stern Av 50, that I le the date ste 23c. DA' 6-26	ast saw the ated above. TE SIGNED (State)
DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (22. I hereby deceased al 23A. SIGNAT 4A. BURIAL, COMPREMOVAL (S) ATE RECEIVED OCAL REGIST	ANTECEDENT CAUSE (A) FOR CONDITIONS, III HE ABOVE CAUSE (A) FING CONDITION LA III IIGNIFICANT CONDITION FOR CONDITION FOR CONDITION FOR CONTINUING CONTRIBUTING CONTRIBUTION	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN. about home, farm, factory, st B. C.H. Infi (Hour) 21E. INJUIT 0:10m. WHILE AT work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irmary RY OCCURRE AT WORK from death occurr M. D. E OF CEMETER A AW	CERTIFICA Dr. WM. CERTIFICA Dr. WM. CHIEF OR AS CHIEF	Fracture IION APPRO G. Helf G. Helf Spital, H NJURY OCCU ting into to 6-26 rom the caus A Venue	of Right VED BY rich D. D. AMINER. Poly DE Eas R? D. bed	20. A yes [give exact stern Av 50, that I le the date ste 23c. DA' 6-26	ast saw the ated above. TE SIGNED (State)
DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI 19A. DATE O June 2 21A. ACCID LYING OF CAUSE OF 21D. TIME (22. I hereby deceased al 23A. SIGNAT 4A. BURIAL, COMPREMOVAL (S) ATE RECEIVED OCAL REGIST	ANTECEDENT CAUSE OF CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA III CONTRIBUTING LA CONTRIBUTING LA CONTRIBUTING LA III CONTRIBUTION LA III CONTR	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDING Fracture of 21B. PLACE OF IN. about home, farm, factory, si B. C. H. Infi (Hour) 21B. INJUIT 0:40m. work ended the deceased 1950 and that	Degene To Intert GS OF OPERA Right Hi JURY (e.g., in irmary RY OCCURRE AT WORK from death occurr M. D. E OF CEMETER A AW	CERTIFICA Dr. WM. CERTIFICA Dr. WM. CHIEF OR AS CHIEF	Fracture IION APPRO G. Helf G. Helf Spital, H NJURY OCCU ting into to 6-26 rom the caus A Venue	of Right VED BY rich D. D. AMINER. Poly DE Eas R? D. bed	20. A yes [give exact stern Av 50, that I le the date ste 23c. DA' 6-26	ast saw the ated above. TE SIGNED (State)



1-326 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JUN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (Il not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR oftside corporate limits, write RURAL and give INSTITUTION IANNS HOPKINS MOSPITAL township) Yrs. ADDRESS (If runal, give location) Mos. th of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) 8. DATE OF 9 AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 4000 10A. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR OR done do fing most of forking life, even if retired. 11. BIRTHE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY FATHER'S NAME 14. MOTHER'S MAIDEN NAME . 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. IONNS HOPKINS HOSPITAL 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ere head /demanhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE ATT NOT WHILE WORK 1900 that I last saw the 1950 to 6 · L 22. I hereby certify that I attended the deceased from. deceased alive on 191 L. and that death occurred at m., from the causes and on the date stated above. 23B. ADDRES 23c. DATE SIGNED BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or govinty (State) FUNERAL DIRECTOR E RECEIVED BY REGISTRAR'S SIGNATURE ADDRES OCAL REGISTRAR tuylor VS 150



T-512

BALTIMORE CITY HEALTH DEPARTMENT

	00	01.10		CEDTIE	CATE	OF DEATH	1	Registere	d No		
ВІ	IRTH NO.			CERTIFI	CATE	OF DEATH	7	Registere	1 110		
1. ('T	NAME OF C		FLORELL	A THOMPSON	Ţ			2. DATE OF DEATH	une 27	, 1950)
	PLACE OF E	City, Maryland	and the same			4. USUAL RESIDE	NCE (Who	ere deceased lived.		on : resider	
В.	FULL NAME OSPITAL OR		ital or institut	ion, give street ad	ldress or	Missouri		V-22			
	STITUTION	3407 Fair	view Av		oca cion)	St. Louis	(If ou	atside corporate li	mits, write I		nd giv nship
c.	Ogth of s	stay in Baltimore	12	years	Yrs. Mos. Days	STREET ADDRE	SS (If ru	rul, give location)			
5.	SEX Female	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED. PED, DIVORCED Ingle	1 8	DATE OF BIRTH		9. AGE (In years last birthday) 76 years	if Under 1 Yes Months Da	r li Under ys Hours	24 llour Min
I O	A. USUAL OC	CUPATION (Give kind of working life, even if retired	IOB. KIND	OF BUSINESS	OR 1	1. BIRTHPLACE (S				IZEN OF	
	Retired			ool Teach		Montgomer	y, Mis	souri	US	A COUN	TIRY
13	FATHER'S	NAME			1	4. MOTHER'S MAI	DEN NAM	1E			
LE	WAS DECEAS	Richard S.				Mai	urica (Overstreet			
Ye		ED EVER IN U.S. ARME	tes of service)	16. SOCIAL SECURITY	Y NO.	7. INFORMANT		-1107 =	ADDRESS		
-	NO	NO				s. Harry A	. Jone	s - 340/ 1			
	18. 33) / X	157.148.0	CA	USE OF	PEATH	11	10		ERVAL BET	
	(This does	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthenia, etc. It me complication which	ATH of dying, e. geans the diseas	e.	TO !	acrost h	lege	of Right	1	dy	•••••
,		ANTECEDENT CAL	JSES					ניק			
CALIC	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L) STATING TH		ar	tim So	lin	~ _	(5 yes	
1		п		(C)	-8	14 Just	ins	rão	4		******
בעו	TRIBUTIN	SIGNIFICANT CONE	T NOT RELATE	D		//		-715			
,		OF OPERATION		FINDINGS OF	OPERAT	ION			20	. AUTOP	SY?
AL		()							YE	s N	10
בחור	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA about home, f	CE OF INJURY arm, factory, street, of	(e. g., in or lice bldg., etc.	21c. WHERE DI		in Baltimore City	, give exac	t location)
2	210. TIME NJURY	(Month) (Day) (Year	r) (Hour)	21E. INJURY O	CCURRED	21F. HOW DID	INJURY (OCCUR?			
	NOOKT		m.		T WHILE						
		by certify that I at	4 T.			- / , 1949		. 27 , 19			
	23A. SIGNA	live on 6-27		and that death		dat G A.m.,	from the	causes and on		stated a	
	A	toward of	4.111	armor	/o.	2404 4	an	ison My	6	- (50
	AA. BURTAL, ON, REMOVAL (S Burial			Relle Fo		or CREMATORY		Louis, Mi			tate
		ال مسم	1 -3/0	20-40 2	A 9 9 A COS T 9 9	- 000000001	M A 9		- and at I		

25. FUNERAL DIRECTOR

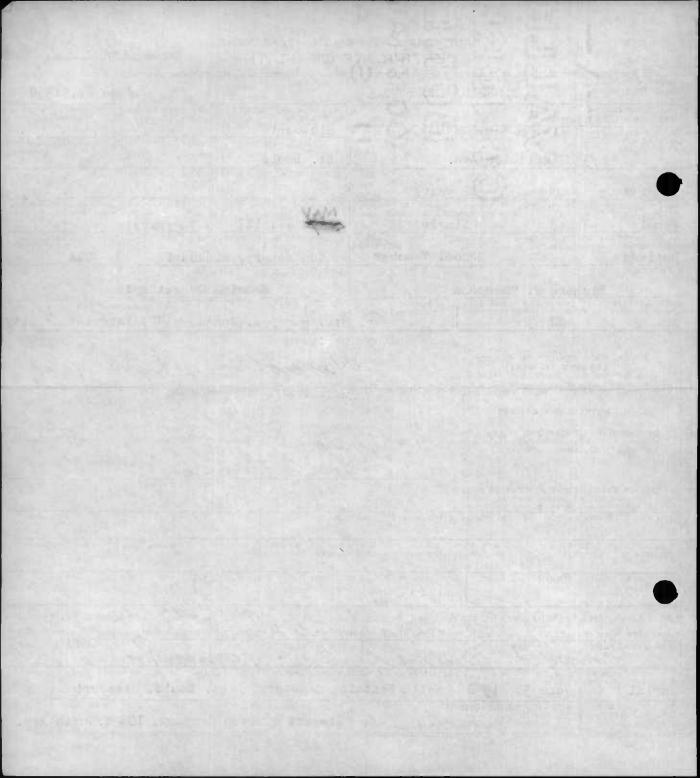
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thankington Williams M.M.

ADDRESS

Stewart & Mowen Company, 108 W. North Ave.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5719

BIRTH NO.	CERTIFICATI	E OF DEATH	stereu No.
1. NAME OF DECEASED Alice	Wilkerson Oldfield	2. DATE OF DEATH	6 - 28 - 50
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospite	al or institution, give street address or	A. USUAL RESIDENCE (Where deceased A. STATE B. COU	
NOSTITUTION 1700 Linden	location)		rate limits, write RURAL and give township)
gth of stay in Baltimore	Yrs. Mos. Days	1700 Linden Ave.	ation)
female 6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9. AGE (In last birth 86	years Under Year day) Months Days Under 24 Hours day.
OA. USUAL OCCUPATION (Give kind of prk dooe during most of working life, even if retired) housewife	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country, Harford County, Md.	12. CITIZEN OF WHAT COUNTRY?
Thomas M. Wilkin		14. MOTHER'S MAIDEN NAME Elizabeth Osborn	
(If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Edna O.Williams-1513	ADDRESS Pentridge Rd.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication complication with the complete complet	mathe disease, aused death.) DUE TO ES FANY, GIVING STATING THE DUE TO ST. (C)	Ters plerosis	
TRIBUTING TO THE DEATH, BUT. TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19		ATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg., e		e City, give exact location)
21D. TIME (Month) (Day) (Year) NJURY 22. I hereby certify that I atte deceased alive on 23A. SPIDITURE	m. WHILE AT NOT WHILE AT WORK AT WORK ended the deceased from 1, 19 , and that death occur	1948 to 28 June	_, 19, that I last saw the nd on the date stated above.
24A. BURIAL, CREMA- 24B. DATE ION, REMOVAL (Specify) burial 7 - 1 -	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (Cit	
DATE RECEIVED BY REGISTRAR'S COCAL REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Vs 150	ator Miliaus, M.	11110 Hyritel	\$3a

On with the Roy WEAR STREET, SOFT STATE OF THE PARTY SHOOT CHEST CHELSE MILE DIVING NOT HER

160 50 5720 BALTIMORE CITY HEALTH DEPARTMENT V 50 57	20
CERTIFICATE OF DEATH Registered No.	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) HELMA COOPER 2. DATE OF DEATH 6/26	150
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	stitution: reside te before utimession)
B. FULL NAME OF (If not in hospital of institution, give street address or location)	wnder
INSTITUTION (If outside corporate limits,	write RURAL and give township)
Yrs. Mos. Days C. Lingth of stay in Baltimore Yrs. Mos. Days	200
5-SEX / 6.COLO OF RACE 7 SINGLE, MARRIED. 9 DATE OF BIRTH , 9. AGE (In years) II Um	dei l Yesi hs: Days Hours Min.
TOA. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR 17. BIRTHY ACE (State or foreign country) Work done during most of working life even if retired) When the state of the loss of	2. CITIZEN OF WHAT COUNTRY?
Tonley Hollschlager Muste Miller	
15. WAS DECEMBED EVER IN U. S. ARMED/FORCES? (Yes, 60 or/unknown) (If yes, give war or dated of service) SECURITY NO. 17. WYORMANT SECURITY NO.	en Oloch
18. 20/X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	5/23/00
injury or complication which caused death.) DUE TO C ANTECEDENT CAUSES	Wedon.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	0/21/3
F	-
COTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	YES NO X
2 IA. ACCIDENT. SUICIDE. HOMICIDE (Specify) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 3 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 2 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 3 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 3 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 4 5 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 5 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 5 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 5 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 4 5 1B. PLACE OF INJURY (e.g., in or HOMICIDE) 5 1B. PLACE OF INJURY (e.g., in	e exact location)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from 5/2 deceased alive on. and that death occurred at_

23A. SIGNATURE 238. ADDRESS

244 BURIAL, CREMA-

REGISTRAR S-SIGNATURE

25 PHERAL DIRECTO

2 IF, HOW DID INJURY OCCUR?

, 1950, that I last saw the m., from the causes and on the date stated above.

23c. DATE SIGNED

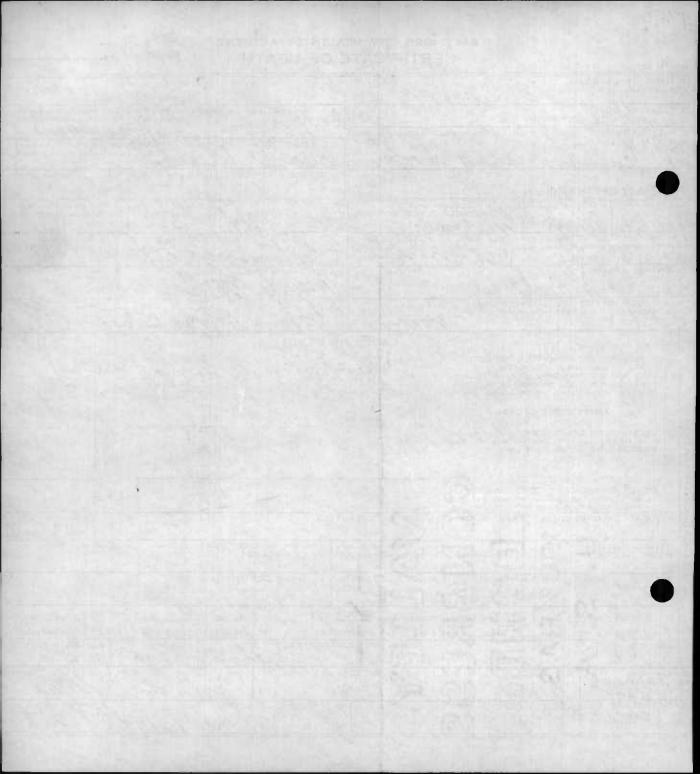
Mate)

ADDRESS

LOCAL REGISTRAR

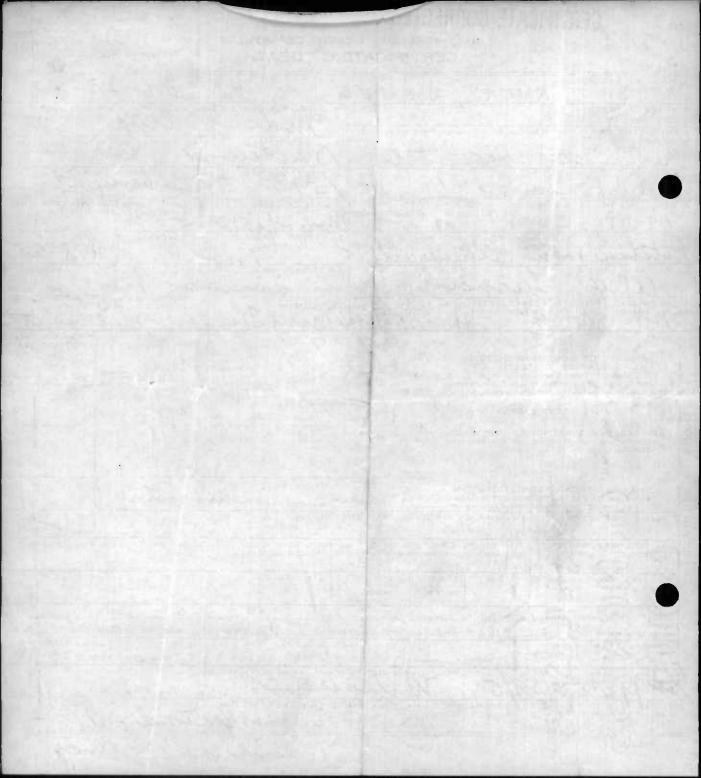
Wha DATE RECEIVED BY

VS 150



500 CERTIFICATE CORRECTED_	7-5-50
502	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) George Cain	(CANN) 2. DATE June 28, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o	
HOSPITAL OR INSTITUTION Provident Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. gth of stay in Baltimore 20 Yrs. Mos. Days	
Male Colored 7. SINGLE, MARRIED. (Specify	8. DATE OF BIRTH 9. AGE Un years If Under I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vort to be during most of working life, even if retired) ANITOR APT, HOUSE	11. BIRTHPLACE (State or foreign country) CHESTER TOWN M.D. U.S. A.
MOSES CANN	CHARITY BUTLER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 220-07-18	17. INFORMANT HAPPISSS- 33 ANNIE WOODS-PINE ST.
18. 443 X CAUSE DISEASE OF CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ensive Cardiovascular Disease
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK NOT WHILE AT WORK	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or	Autophy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural cause	s 万, accident □, suicide □, homicide □, undetermined □. 23B. CHIEF MEDICAL EXAMINER□ 23C. DATE SIGNED
240 BURIAL CREMA- 24B. DATE 24C. NAME OF CEMENT TO REMOVAL SPOCITY 7	HD. MEDICAL INVESTIGATOR
DATE RECEIVED BY REGISTRARYS SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR CONTROL ADDRESS 939
Wish 151 9 1950 7 40 81	pluid Hill are,

6	56 CERTIFICATE CORR	ECTED_17=5=51			
00	5722 - BALTI	MORE CITY HEALTH	DEPARTMENT	50	5722
BIF	CTH NO.	ERTIFICATE OF	DEATH	Registered No.	
	NAME OF DECEASED pe or Print) TURNER	JAMES		2. DATE 6-2.	3-50
A.]	PLACE OF DEATH: Baltimore City, Maryland ULL NAME OF (If not in hospital or institution,	A. STAT	AL RESIDENCE (Who	ere deceased lived. If insti	tution: residence before admission)
HO	SPITAL OR STITUTION	location) C. CITY	OR TOWN (If a	ntside corporate finits, wi	ite RURAL and give township)
3	gth of stay in Baltimore	Yrs. D. STRE Mos. 15	ET ADDRESS (If ru	ral, give location)	st
5. 5	SEX 6. COLOR OF RACE 7. SINGLE. N	Days 8. DATE	OF BIRTH	9. AGE (In years if Under last birthday) Months	1 Year H Under 24 Hours Days Hours Min.
19A	USUAL OCCUPATION (Give kind of JOBAKIND OF Author processes of working life, even if retired)	BUSINESS OR 11. BIRT	THPLACE (State or fore	ign country) 12.	CITIZEN OF
13.	FATHER'S NAME	dy UUV 14. MOT	HER'S MAIDEN NAM	TE 7	1.8.0
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 10		dour	e,	-17
	To nuknown) (If yes, give war or dates of service) 2/8	SECURITY 15 17 INFO	M Jury	er-mul	berry ST
	18. 443 X	CAUSE OF DEA	ТН		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Corebral	Hemor	haze	H
	ANTECEDENT CAUSES	Hyne low	aine C	VD	
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
IFIC	n	(c)			
CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Prond	preun	ionia	
. "		NDINGS OF OPERATION			20. AUTOPSY?
EDICAL			WHERE DID (If JRY OCCUR?	in Baltimore City, give	exact location)
Σ	INJURY		HOW DID INJURY	OCCUR?	
	m. Will	RK NOT WHILE	20		
	22. I hereby certify that I attended the dedeceased alive on 6-2, 1950, and	ceased from 6-11		causes and on the d	
-	23A. SIGNATURE	23B. ADDR	RESS		3c. DATE SIGNED
	wa we wa	M. D. NAME OF CEMETERY OF CRI	EMATORY 24D. LO	CATION (City) town, or o	6-26-50 ounty) (State)
24	BURIAL, CREMA- 248. DATE / 240	TIAM OF THE LETT. ON CO.			
24 TIO	hipped 6/29/50	Wilson Y	De Co A. A		
DA	hipped 6/29/50	Wilson Y	Peral prector Hals		DRESS 7/8-



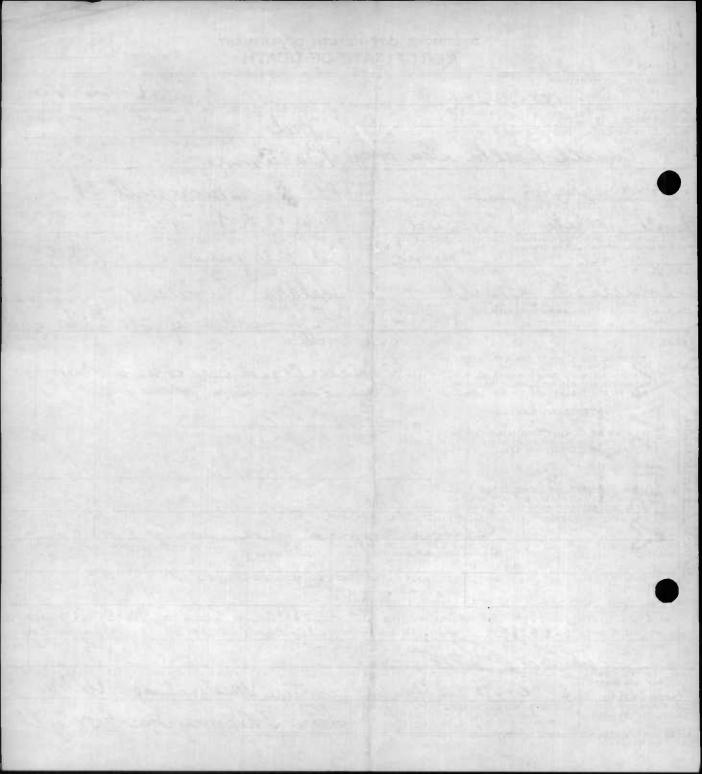
		BAL	TIMORE CITY HE	EALTH DEPARTMEN		50 5723
1RTH 55723			CERTIFICAT	E OF DEATH	Registered N	0
. NAME OF DEC Type or Print)	EASED	ie 7.	n. Wath	ins.	2. DATE OF DEATH LINE	27,1950
. PLACE OF DEA. Baltimore City	y, Maryland			A. STATE	E (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF OSPITAL OR NSTITUTION			ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)
A	1913 Cu	claw (Zlack Yrs.	D. STREET ADDRESS	(If rural, give location)	16
	y in Baltimore		Mos. Days	1906 lass	solel Aue	•
Emale 6.	White		E. MARRIED, VED, DIVORCED (Specify)	Aug 2 1870		Under 1 Year H Under 24 Hours this Days Hours Min.
OA. USUAL OCCU	PATION (Give kind orking life, even if retired	IOB. KINE	OF BUSINESS OR INDUSTRY	11. SRTHPLACE IState	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	ME.			14. MOTHER'S MAIDE	N NAME	
	?			?	NAME.	
5. WAS DECEASED	EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Penal m. 14	anderte 1312 2	DORESS V. 41st St.
18. /8/	X	THE ST	CAUSE	OF DEATH	y de la	INTERVAL BETWEEN
L	OR CONDITION	TH	Ca	arcinoma of bla	dder	12 months
heart failure,	ot mean the mode asthenia, etc. It me implication which	ans the diseas	e,			
AN	NTECEDENT CAU	SES				
RISE TO THE	R CONDITIONS, ABOVE CAUSE (A	STATING TI	NG HE DUE TO			
	11		(C)			
TRIBUTING T	NIFICANT COND O THE DEATH, BUT CASE OR CONDITIO	NOT RELAT	ŁD			
19A. DATE OF			FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT HOMICIDE	r, SUICIDE, (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	
	onth) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
NJURY		m.	WHILE AT NOT WHILE AT WORK			
22. I hereby of	certify that I at	tended the			June 27, 1950 om the causes and on th	
23A. SLONATU		0-01/		238. ADDRESS 2431 Maryl		23c. DATE SIGNED 6/ 28/50
4A. BURIAL, CRE	MA- 24B, DATE	1-	24C. NAME OF CEMETE		D. LOCATION (City, town,	or county) (State)
Burial	6/30	150	Woodbaun	- m	coollanen m	d
OATE RECEIVED E	BY REGISTRAR	SSIGNATI	JRE // •	25. FUNERAL DIRECT	A	ADDRESS

VS 150

4:	30
5d	5724

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 5724

BIRTH	NO.			CERT	IFICA	IE U	r DE	АІП			secreu	110.		
	or Print)	iner Vd L	West.	ч						2. DATE OF DEATH	6-	- 26	-50	
A. Bal	ce of deat timore City L NAME OF	H:	al or instit	T	most address	A. S	TATE	SIDEN	CE (Who	ere decease			ion : residence before admiss	
HOSPI	TAL OP A	eth Bi		-	looption	c. c	Bali	lin	(If ou	itside corp	rate lim	its, write	RURAL and towns	
c. On	gth of stay	in Baltimore		V 18	Yrs. Mos. Day	12	TREET A	DDRES	She	ral, give lo	hel	e S	1	
5, SEX	le K	hite		LE, MARRIE WED, DIVOI			ely 1	2,19	07	9. AGE (I last bir		if Under 1 Y Months D	ays Hours 1	
10A. U	SUAL OCCUP during most of wor	PATION (Give kind of king life, even if retired)	10B. KIN	no of Busi	INDUSTR		J. J.		te or fore	-	-y)	12. CI	TIZEN OF	RY?
13. FA	THER'S NAM	s R. S	mis	th.		14.	OLAD	S MAIL	EN NAM	ie co	211			
15. WA Yee, oo o	S DECEASED E	VER IN U. S. ARMEI	FORCES?	16. SOC SEC	URITY NO.	ni	NFORMA L Jas	NT NE	We	lte	211	ADDRES	Lunet	2:10
N O	DISEASE (LE (This does not heart failure, a injury or com	OR CONDITION ADING TO DEA mean the mode of sthenia, etc. It mes application which TECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA	TH of dying, e ins the dise caused dea SES F ANY, GIV STATING	e.g., (A) ase, th.) DUE (B) TING THE DUE	CAUSE 10 Con 10	w		••••••••••	. co	40	uo s		SET AND DE	ATH
ıl l	TRIBUTING TO	THE DEATH, BUT	NOT RELA	TED		************			******					
194	A. DATE OF O	PERATION 0 1	9в. Мато	R FINDING		RATIO	a d	1 00	11	بن	V	100	ES NO	17
	A. ACCIDENT.	SUICIDE. Specify)		LACE OF IN			NJURY C			in Baltien	ore City,	give ex	act location)	
	O. TIME (Mon	th) (Day) (Year)	(Hour)	WHILE AT	RY OCCUR	E	21F. HOW	DID I	NJURY	OCCUR?				
dee		ertify that I att				urred o						the dat	l last saw e stated ab	ove.
TION 3	EMOVAL S	6-30	-50	A O	SION DO	CAN	CREMAT	ORY	nart	inali	City, tow	n, or cour	1.Va.	ate)
	RECEIVED B	Y REGISTRAR			AS JEE	25.	ha .	PIREC	Deser	nus	Inc.	ADDF	Tiols	1
UN ,	2=9=1950	4			. 530	, 50				1		4	fa	



4:	53
50	5725
BIRTH	NO.
	ME OF DECI

5725 BALTIMORE CI		E OF DEATH Registered No.
BIRTH NO.	CATE	OF DEATH
1. NAME OF DECEASED (Type or Print) FLOYD GARLAND	CLO	NTS 2. DATE 6/27/50 DEATH 6/27/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street a	ddress or location)	MD
10 /600 CLARKSON ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and giv
7000 (247)(1030)0	Yrs.	D. STREET ADDRESS (If rural, give location)
c. gth of stay in Baltimore	Mos. Days	1600 CLARKSON ST.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED MARRIED	(Specify)	8. DATE OF BIRTH 9. AGE (in years last birthday) 10 Months: Days Hours Min
10A. USUAL OCCUPATION (Give kind of or the done during most of working life, even if retired) INE	S OR DUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
MACHINISH HELDER SETHLEHEM STE	EL Co	SPRINGFIELD, 1410.
HAROLD CIMITS		14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL		17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURIT	Y NO.	CARRIE VIRGINIA CLORTS 1600 CLARKSON
		DE DEATH
DISEASE OR CONDITION DIRECTLY	0	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	0	wram Hard one day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		disease /
ANTECEDENT CAUSES	1	22 60
DISEASES OR CONDITIONS, IF ANY, GIVING	0	Our Pulemenua 3 Minely
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	7	C L. Ar
(c)	rev	consormany mull
11		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	F OPERA	ATION 20. AUTOPSY?
me		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, or CAUSE OF DEATH		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY O	CCURRE	21F. HOW DID INJURY OCCUR?
WHILE AT N	AT WORK	
22. I hereby certify that I aptended the deceased from		nung, 1950, to 6 /27/50, 19 , that I last saw th
deceased alive on 4 124, 1950 and that deat	Mbeeurr	red at 1.36 Am., from the carses and on the date stated above
Daar Miller	м. р.	12 8 D. Charle ST 6 28/50
		Y OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 6-30-50 CEGAR	M	MNNAPOLIS Blud Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS
JUN 2 9 1951 Tentrestor Millians, Mill		JOHNF. DENINY, INC 715 LIGHT ST.
Vs 758 1330	1:1	41/ 91/2 -30
99	64	140

An maller

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5726

Registered No_ NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1928 B. COUNTY before admission) Baltimor B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location Yrs. Mos. eth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE H Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 3. AGE (in years last bigthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) marries 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? ork done during most of working life, even if retired) INDUSTRY truecure 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Yes, no or unknown) 022 CAUSE OF 18. ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. yhunduris 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! WHILE AT Junen Here H. 195 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from_ , 19 10, and that death occurred at 4: 31. m., from the causes and on the date stated above. deceased alive on June 26 23C, DATE SIGNED 23B. ADDRESS 23A. SIGNATURE M. O.

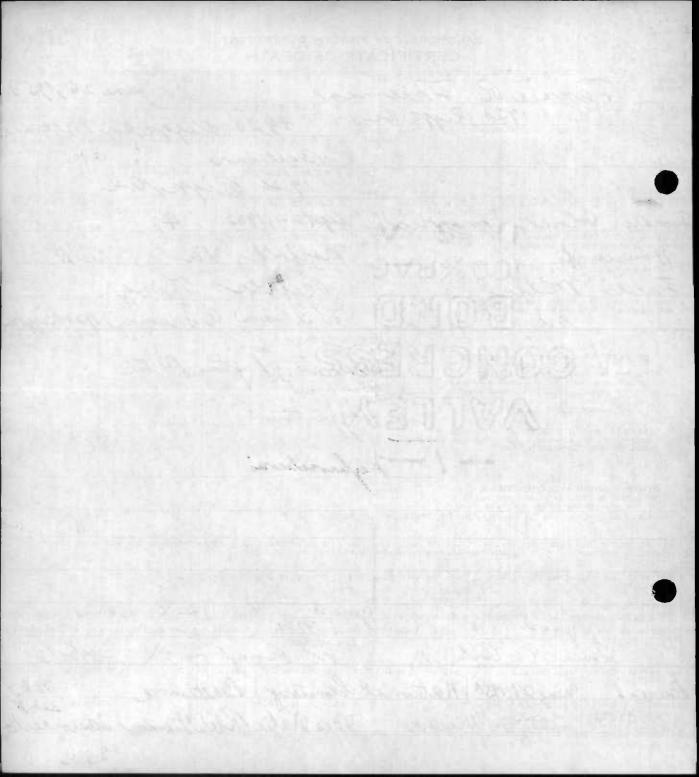
BURIAL CREMA-24B. DATE

240' NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

DATE RECEIVED BY



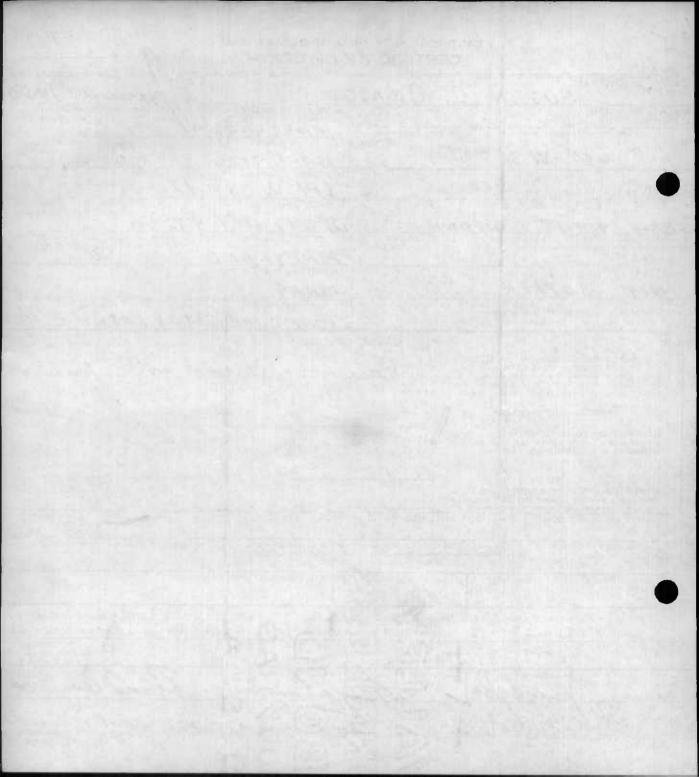
50 5727 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) SUSAN C. CRAIG. OF DEATE 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceysed lived, If institution, residence
A. STATE before admissi A. Baltimore City. Maryland before admission) (If not in hospital or institution, give street address or MARYLAM B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION W 36 2 ST BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. igth of stay in Baltimore LIFE Mos. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. WIDOW 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY INDUSTRY MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BUTLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. CRUE - 2938 KESWICK 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY arcinoma (vaginal wall) About 6 mod LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Do. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE Jan

19.10 to Jun 27, 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Jun. 2-7, 19 10, and that death occurred at 3 m., from the causes and on the date stated above. 23c, DATE SIGNED 23A. SIGNATURE

TION REMOVAL (Specify)

ADDRESS DATE RECEIVED BY

VS 150



1	7	0	
1	a	EA-1	39233
0		572	8
BI	RTH	NO.	

5728

5720 BIRTH NO.	3	DAL	CERTIFICATI	E OF DEATH		ered No	0 0140
. NAME OF D					2. DATE	0.0	3000
. PLACE OF D	John Phi	pps (F	hipp)	4. USUAL RESIDENCE	OF J	une 27	• 1950
. Baltimore (City, Maryland			A. STATE	B. COUN	TY IT INSTI	before admission)
IOSPITAL OR	Baltimore Cit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporat	te limita wa	rite RURAL and give
NSTITUTION	4940 Eastern	Avenue	· veal	Baltimore	8	-0	township)
			Yrs. Mos.	D. STREET ADDRESS			
	tay in Baltimore		Days Days		shington Str		
Male	6.COLOR OR RACE	7. SINGLE WIDOW Mari	E. MARRIED. (ED. DIVORCED (Specify) 10d	8. DATE OF BIRTH Feb. 14, 1901	9. AGE (in ye last birthda	ears	Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State	'/	12.	CITIZEN OF
HUC	of working life, even if retired) KSTER	SE	LE	Maryland			WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MAIDE	N NAME		
	Randolph :	Phipps	(Phipp)	Sadie Scl	hriefer		
5. WAS DECEASE es, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	Records: 494	ltimore City	Hospi enue	tal
(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH f dying, e. g as the diseas aused death ES F ANY, GIVIN STATING THEST. TIONS CONNOT RELATE CAUSING I	(B)	ary Tuberculos	is		ONSET AND DEATH
19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			YES NO
LYING OF		about home,	ACE OF INJURY (e. g., li arm, factory, street, office bldg., c		(If in Baltimore	City, give	exact location)
NJURY	Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F, HOW DID IN	JURY OCCUR?		
22. I hereb deceased at 23A. SIGNAT	ive on June 27	ended the	2	ne 26 , 150, to red a8:15P m., fro 38. ADDRESS 940 Eastern Avo		on the de	nat I last saw the late stated above. 3c. DATE SIGNED une 28, 1950
4A. BURIAL, CONTRACTOR SEMOVAL		150	Baltino		Balto		
ATE RECEIVE	BY REGISTRAN	s SIGNATU	lianus, ME	Philip o	Perwia	Son	2024 legy

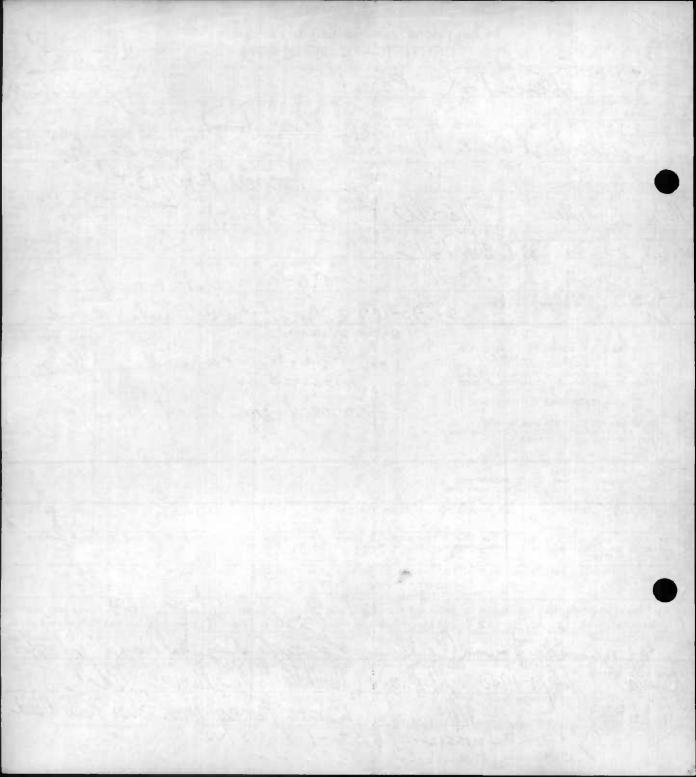
VS 150

27261

13B

AUGUST TELESTICATE A TENERSON OF THE PARTY OF THE

200	
0 5729 BALTIMORE CITY HE	7
1. NAME OF DECEASED // Lot & Pose (Type or Print)	2. DATE
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, M institution, residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION Pary and Openeral Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural? Dors Cey May township)
Yrs. Mos. Days	D. STREET ADDRESS (If rugal, give location)
5-SEX 6. COLOR RACE 7. SINSLE, MARRIED. WID MED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
100, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR orkflone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	110seanra Parruell
Yes, no Munknown) (If yes, give war or dates of service)	May Reed whe asabar
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	River my oca dial Hay
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rioscholic heet diseas years
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	1950 to 6 28 , 1950, that I last saw the
	red at 330 Am., from the causes and on the date stated above. 38. ADDRESS 23C. DATE SIGNED
244 BURIAD, CREMA- 24B DATE 24C NAME OF CEMETE TION REMOVAL Specify, JULY 1-1950 MARYS	AND STATE OF
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VIII 29 1950	Surger Funeral Home 3631 Palls Had.
corehan insufficient	3/6 48 93)



3	23
0	5730
BIRT	H NO.

Burial

DATE RECEIVED BY

OCAL REGISTRAR

VS 150

June 30, 1950

Thurtington

REGISTRAR'S SIGNATURE

	50	5730
	6 1 1	13600
ristered	No	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mrs. Ellizabeth B. Stocksdalle June 27, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3835 Keswick Road Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 50 years gth of stay in Baltimore 3803 Roland Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | ff Under | Year | if Under 24 Hours | last birthday | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Widow July 1, 1872 Female White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Zumbrun Mary C. Baum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Howard B. Stocksdale 3835 Keswick Road No 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ACarcinoma of Hepatic flexure of 16mos. heart failure, asthenia, etc. It means the disease, Wir colon with Netastasis to Liver injury or complication which caused death.) & Kidney ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 194. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Feb. 13th, 1950 Carcinoma of Colon & Duodenum 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Feb. 19th, 1949, to June 27th, 150, that I last saw the deceased alive on une 26, 1950 and that death occurred at 8 15 h.m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 617 W. 40th St 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Druid Ridge

Burgee Funeral -Home 3631 Falls Road

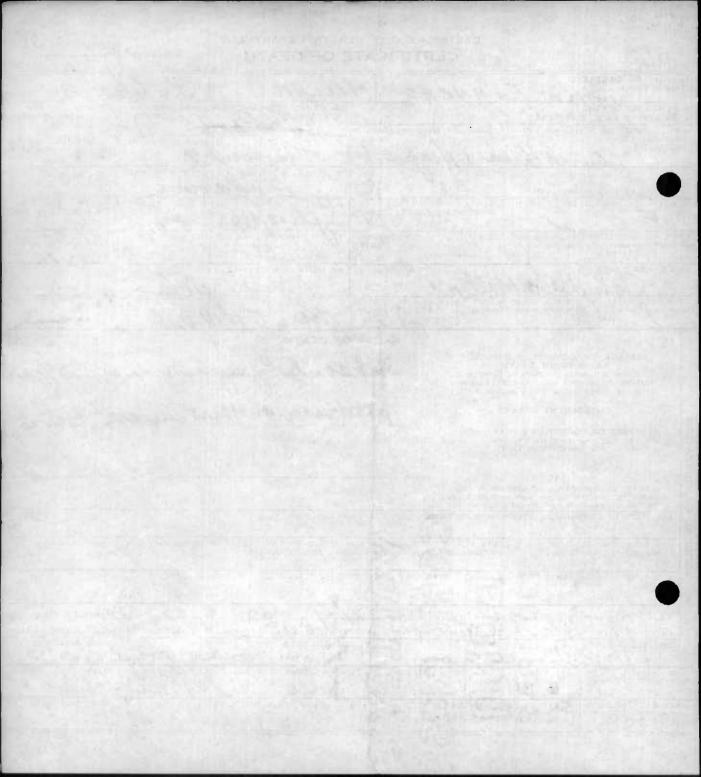
25. FUNERAL DIRECTOR

Pikesville, Maryland

ADDRESS

an all all and the same of the last Just L. Mills Property of the state of Money D. Bronned .. PRINCE LEGISLAND

460	
	HEALTH DEPARTMENT \/ 50 5731
CERTIFICA CERTIFICA	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) MISS FRANCES	MILLER 2. DATE OF DEATH 6/27/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admissi
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	(If outside corporate limits, write RURAL and g
Church Home of Hospital	Towasul-4. townel
c. gth of stay in Baltimore 3 5 Yrs	Endamed 6200
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the Color of t	8. DATE OF BIRTH 9. AGE (In years 4 Under 1 Year last birthday) Month Days Hours: M
10A. USUAL OCCUPATION (Give kied of Nork doos during most of work log life, even if retired) INDUSTR	17. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DEVEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	Amile Buch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ELLODO ADDRESS
	E OF DEATH ONSET AND DE
DISEASE OR CONDITION DIRECTLY	O TO O I I
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	racule gyphatic Leverin gos
injury or complication which caused death.) OUE TO	4 4: 1/4 . 3
ANTECEDENT CAUSES	teroselestic Hart Discess Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
<u>0</u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
>	INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
m. WORK AT WOR	K L J
22. I hereby certify that I attended the deceased from deceased alive on 1977, 19 and that death occ	curred at 1846 P.m., from the causes and on the date stated abo
23A. SIGNATURE	238. ADDRESS
24A. /BURNAL, CREMA- 24B, DATE / 24C. NAME OF CEME	TERY of CREMATORY 240 LOCATION (City, Jiwn, or county) (Stat
TION (REMOVAL (Specify) 6/30/50 herund	Ridge Vhusville MA.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR IIIN 29 1950	25 FUNERAL DIRECTORY. ADDRESS
VS 150	azd Min

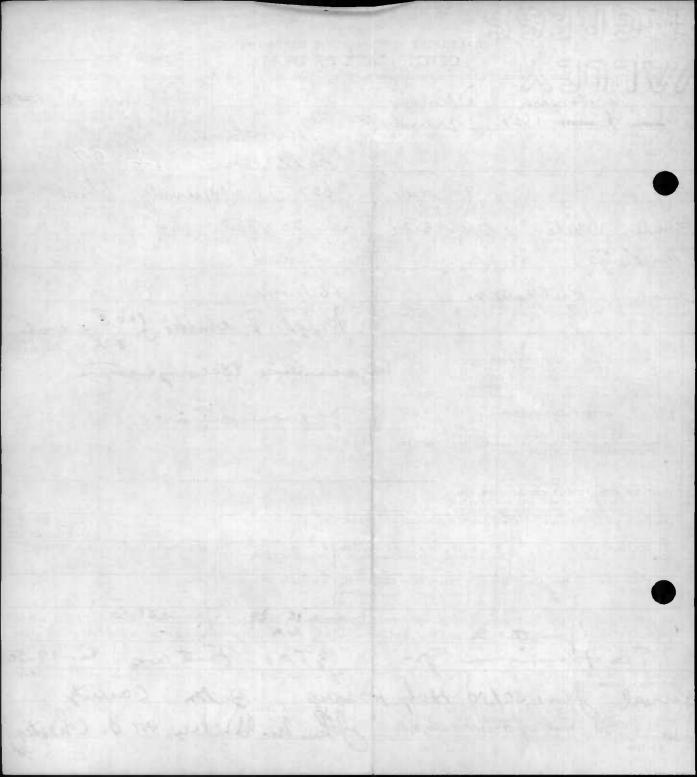


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5732

Registered No....

BIRTH NO.	
. NAME OF DECEASED Type or Print)	2. DATE
antonina Demoki	DEATH June 27 1951
B. Baltimore City, Maryland 60 7 1. Hrundy A	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
n. FULL NAME OF (If not in hospital or institution, give street eddress of location NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
10	Baltimore 16-09 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
. Length of stay in Baltimore 30 play Days	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
Emale White married	Dlc 20 1885 64
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR'	
HOULEWAL 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fal- D. +1. 0.	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	dudwika!
es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	11. INFORMANT ADDRESS
1:2 //2 2: 3/	The server of th
18. 422, 2 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	To see a 23 Minutes and
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	my veardities.
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION D 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg.	(etc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
MJURY WHILE AT NOT WHILL M. WORK AT WORK	
	ware (19 18 to June 2, 19 Se that I last saw the
deceased alive on 19 2. and that death occur	
	23B. ADDRESS 23c. DATE SIGNED
Ca then you no	3501 True and 1-19-10
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET.	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Pural some 30/50 Holy Ro	sary Ballo Carry
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FANERAL DIRECTOR ADDRESS
IIIN 29 1950 Tuntington Williams, Mass	John hr. Welley 401 S. Chester
VS 150	(2) M



50 5733

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH June 28.1950 Ernest Johnson 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate hmits, write RURAL and give INSTITUTION 1722 Druid Hill Ave. township) Baltimore D. STREET ADDRESS (If rural, give Ideation) Yrs. Mos. 1722 Druid Hill Ave. orth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mar. 12 1895 Colored Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY Public U. S. A. Waiter NorthCCarolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adam Johnson Not Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 6-05-1326 Mrs. Mary Johnson 1722 Druid Hill INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that I attended the deceased from Nov. 3 , 1949 to Vine 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 7.304 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 24A. BURAL, CREMA-TION, REMOVAL (Specify) 248, DATE 7-3-50 Burial National Cemetery Baltimore. ADDRESS DATE RECEIVED BY #25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE OCAL REGISTRAR ealt Hemsly Bidd]

VS 150

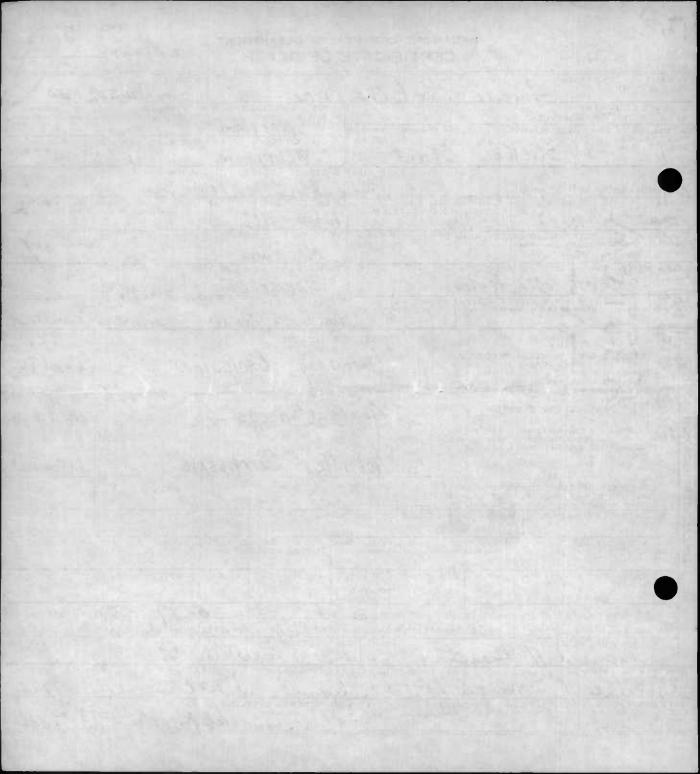
÷ ALUE III BIS RUD CONTRACTOR SON

BALTIMORE CITY HEALTH DEPARTMENT

50 5734

Registered No. CERTIFICATE OF DEATH

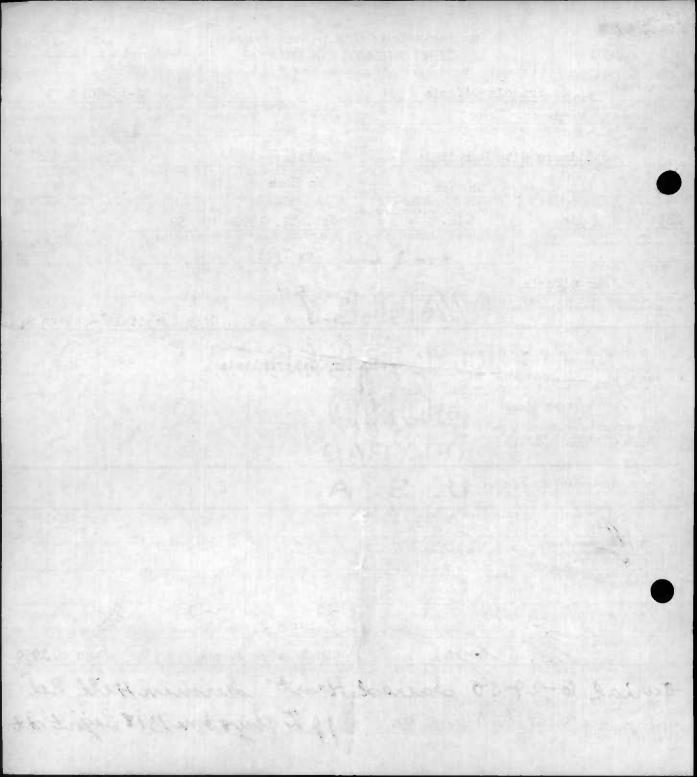
1.	NAME OF type or Print)	DECEASED	Har	NIE	Robin	15001	2. DATE OF)F 27 1050
3.	PLACE OF Baltimore	City. Ma	,	N.E.	1100114	4. USUAL RESIDENC	E (Where deceased lived,	If institution: residence before admission)
8.	FULL NAME	OF (If	not in hospita	al or institu	tion, give street address locatio	or MARY/A	ND	
	ISTITUTION	8N	Stock	TON	Street	BALTIMO		nite write RURAL and give township)
					Yrs	D. STREET ADDRESS	(If rural, give location)	
c.		stay in B			Mos Day	s 8N. Troch		
5.	FEMALE	Color	R OR RACE	WIDO	E, MARRIED. NED, DIVORCED (Speci	August 7 1886	9. AGE (In years last birthday)	Months Days Hours Min.
1C	A. USUAL OC		N (Give kind of	10B. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	1 12. CITIZEN OF
	201	Mestic			INDUSTR	MARY/AND		WHAT COUNTRY?
13	FATHER'S	NAME	- Bla	11.7		14. MOTHER'S MAIDE	- 1 .	,
15	. WAS DECEAS	SED EVER IN	I I S ARMET	1510	1 16. SOCIAL	MARGARE	Gough	ter
(Ye	, no or unknown	(If yes, g	ive war or date	of service)	SECURITY NO.	17. INFORMANT		W. Fayotle St
	18. T	8/0			CALISE	OF DEATH	WN 1313	INTERVAL BETWEEN
	V	SE OR C	ONDITION	DIRECTLY			, =.	ONSET AND OEATH
	(This doe	LEADIN es not mear	G TO DEAT	FH f dylng, e.	E. (A) (O)	CONARY UCCI	lusion	Several Days
	heart fail injury or	ure, astheni r complicat	a, etc. It mea ion which o	ns the disea aused deat	se, h.) OUE TO			7
		ANTECE	DENT CAUS	ES	An	UTE Cholecys	t:t:c	Several Mouths
O			DITIONS, 1		NG	The Chaleey 3.	27473	everal Monchs
AT	UNDERL	YING COL	CAUSE (A)	STATING 1		- 04		
FIC	Hepatic Cirrhossis Unknown				UNKNOWN			
RT			II ANT CONDI		on-			
CE	TO THE	DISEASE OF	OEATH, BUT	CAUSING	IT			
AL	19A. DATE	OF OPERA	TION	OLAM .ae	R FINDINGS OF OP	ERATION		20. AUTOPSY?
NC.	YES NO L 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or blow, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.)							
ME	HOMICIEL	(Specify	,	about nome	, rat in, raccos y, screet, o ince bio	INSORT OCCORT		
	D. TIME	(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE		JURY OCCUR?	
				m.	WORK LAT WOR		6 40	<i>CO</i>
	22. I herel	by certify	that I att	ended the	deceased from	1-27-, 1950, to urred at 1:35 A. m., fro	6 - 7 - , 19	80, that I last saw the
	23A. SIGN		0-14.	., 1950.,	and that death oce	23B. ADDRESS	m the eauses and on	23c. DATE SIGNED
	Re	char	d H.	Heen	У м. р.	1631W. FRAN	Klin St.	
2. TI	NATEMOVAL (CREMA- 2 Specify)			24c. NAME OF CEME	TERY OR CREMATORY 24	LOCATION (City, to	wn, or county) (State)
-	ATE RECEIVE		6-30	5 - 50	MARIE W. CLL	FUNERAL DIRECT	Julius.	ADDRESS
	CAL REGIS		-raman	afor 1	Totalianies, Ala	Motanceis	Ja Klemsler	1518, Biddle
	VS 150						1	St
1					3 20 8	6		1243



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5735 Registered No.

_								
	NAME OF D	James Fran	cis O'I	Coole		2. DATE OF DEATH 6-	13-50	
	PLACE OF D				4. USUAL RESIDENCE	(Where deceased lived.	If institution	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	A. STATE Md	B. COUNTY	bef	ore admission)
	SPITAL OR STITUTION			location)		(If outside corporate lin	nits, write RU	
3		Baltimore Ci	ty Hosp	oitals	Baltimore			township)
c.	gth of stay in Baltimore 20 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location)			
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year	II Under 24 Hours
l	lale	White	Wi		Oct. 12, 1890	last birthday)	Months Days	nours win.
10A. USUAL OCCUPATION (Give kind of Mork done during most of work lng life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State of New York	r foreign country)	12. CITIZ WHA	EN OF T COUNTRY		
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		
1.15		ohn O'Toole			Mary ?			<u>E</u> ETE
(Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				(CNI) SELECT	Records* Balto.	City Hospits	als East	ern Ave
CERTIFICATION	DISEAS (This does heart failure injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING	GE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which e ANTECEDENT CAUS GOR CONDITIONS, IN HE ABOVE CAUSE (A) TING CONDITION LA III IGNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	H f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	ary Tuberculosi	6	ONSET	AND DEATH
,				FINDINGS OF OPER	ATION		20.7	AUTOPSY?
Y							YES	No O
MEDIC	LYING OF CAUSE OF	Month) (Day) (Year) y certify that I att ive on 6-13	(Hour) :	and that death occur	ED 21F. HOW DID INJU	6-13, 19 the causes and on	50 that I l the date st	ast saw the
24	A. BURIAL. C	REMA- 24B. DATE	11	M. D.		LOCATION (City, tow	1	-
DA	TE RECEIVED	6-29 BY REGISTRAR	S SIGNATU	Sacred	Heart &	erman	Hill Sigh	Rd t dt



9		-10105	BA	LTIMORE CITY H	FAITH DEPAR	TMENT	OU	0100
		50 5736		CERTIFICAT			Registered I	No
B	RTH NO.			CERTIFICAT	E OF DEAT	П		
		DECEASED	444			2. D	ATE	
(1	ype or Print	FRIC FRE	DERIC	t			OF 6	27/50
	PLACE OF	DEATH:		71		ENCE (Where d	ceased lived. If	institution: residence
_		City, Maryland	nital on imatit	ation, give street address o	A. STATE		B. COUNTY	before admission)
H	FULL NAM OSPITAL OF	7	pital or institt	location			cornorate limit	s, write RURAL and give
IN	ISTITUTION		1		0		7-	-/) township)
4		IFRCY HO	Spille	Yrs.	O. STREET ADDR	MORE	in landian	
			9	Mos.				
C.		stay in Baltimore		Days		RREN		
ວ.	SEX	6. COLOR OR RAC		LE, MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRT	la:	E (In years Interest Mo	
	M	W		5	3-7/-	42	8	
1 C	A. USUAL C	OCCUPATION (Give kind est of working life, even if retir	lof IOB. KIN	D OF BUSINESS OR	11. BIRTHPLACE	State or foreign o	ountry)	12. CITIZEN OF
	A 1	dent	Me	DONOUGE	1 0 0 1 1	IMBRE	an al	WHAT COUNTRY?
13	FATHER'S		1	///	14. MOTHER'S M	AIDEN NAME	ma.	0.9
	FO	- I.co	coint		111	. 2 6	-	
15	. WAS DECE	ASED EVER IN U. S. ARM	ERICK	16. SOCIAL	14 Ather	IN SCO		
Ye	s, no or nnknow	(If yes, give war or d	ates of service)	SECURITY NO.	17. INFORMANT	',	11	DDRESS
	No				TAN	21/4 -	AME	
	18. (010X.		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A) TUBERCULOUS IMENUNGITIES						6 mg	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO								
	********			tm.) 002 10				
,		ANTECEDENT CA	USES					
วิ	DISEAS	SES OR CONDITIONS	, IF ANY, GIV	(B)		••••••••		
=	RISE TO	THE ABOVE CAUSE (BOVE CAUSE (A) STATING THE OUE TO					
C	02	ZING GONDINON	Eno.					
L		11		(C)		***		
2	OTHER	SIGNIFICANT CON	DITIONS C	on.				
H		NG TO THE OEATH, BE						
,		OF OPERATION		R FINDINGS OF OPE	RATION			20. AUTOPSY?
A	6	127/50						YES NO
5	21A. ACCI	DENT, SUICIDE,		ACE OF INJURY (e. g.,			altimore City,	give exact location)
П	HOMICIDE	E (Specify)	about home	e, farm, fectory, street, office bldg	etc.) INJURY OCCU	JR7		
Σ	21p. TIME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	INJURY WHILE AT NOT WHILE							
			m.	WORK AT WORK	1 0	- 1		//
	22. I her	eby certify that I c				, to 6	21, 19	that I last saw the
		alive on 6/19	, 19	and that death occu	erred at 10 m	., from the car	ses and on ti	he date stated above.
	23A. 51GM	URE	2 -		23B. ADDRESS		- 0	23c. DATE SIGNED
	-	en al.	neuc	M. O. 1	//	groom	uck	1/25/07
24	AA. BURIAL	(Specify)		24C. NAME OF CEMET		240. LOCATI	ON (City, town,	or country (State)
	8	. 6-3	0-10	CEDAL.	4111	R)	7/10	

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

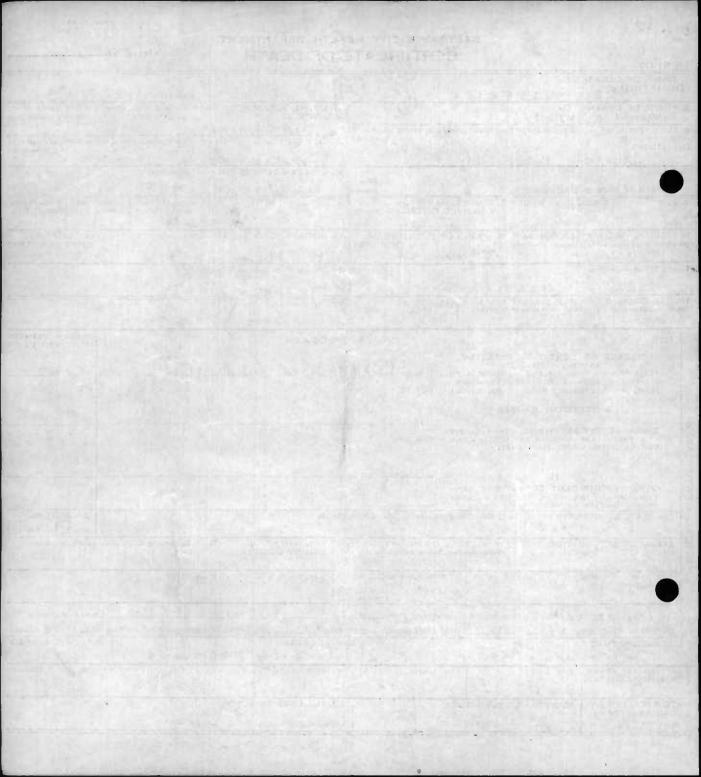
REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ALLE CARE

13. EV FORT FIVE.

ADDRESS



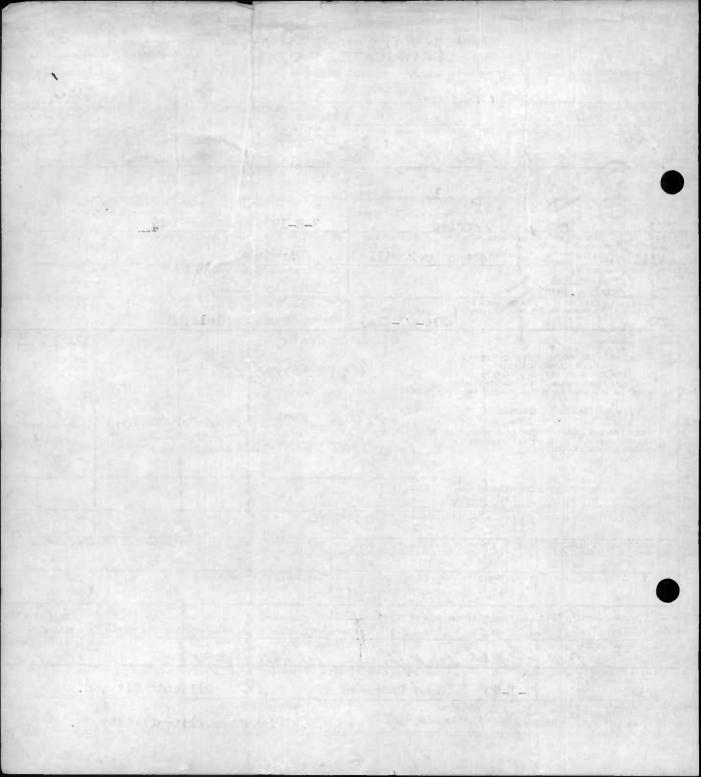
56	
BIRTH	5'73'7
	E OF DEC

	50	5737
gistered	No-	

	5737	7	BAI	CERTIFICATI	EALTH DEPARTMENT	Registered I	No
=	RTH NO.			02:::::::::::::::::::::::::::::::::::::	E OF BEATH		
1. (T	NAME OF DE	- /	ley D.E.	NN 15		OF DEATH	27/50
Α.	B. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (B. COUNTY	institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give atreet address or location)				Maryland	Howard	
IN	ISTITUTION	11 mensing	- 1 Lac	pital	c. CITY OR TOWN (1	f outside corporate limit	ts, write RURAL and give township
	2 1/	NIVEYSIL	1 1900		Daniels		200
1				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c.		ay in Baltimore		13 Days			
5.	SEX	6. COLOR OR RAC	7. SINGL	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last hirthday) Me	Under 1 Year H Under 24 Hours onths Days Hours : Min.
	m	W	Marr		3-8-1905	45	, , , , , , , , , , , , , , , , , , ,
10	A. USUAL OC	CUPATION (Give kind	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
orı	Mill Ha	working life, even if retire		on Duck Mill	Virginia		WHAT COUNTRY
13	FATHER'S N		1 00000	ni buok maaa	14. MOTHER'S MAIDEN N	IAME	
	No	ah A.Ennis			Mahaley Reile	y	
15	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
10	No	(1. 2cs; Bive was or de	or service,	216-07-4243	Edna Ennis, Danlels, Md		
	18. 4	0.1.			OF DEATH	, C 40 91 Kt	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY			'/	ONSE! AND DEAT
	(This does	LEADING TO DE		· M	youarded fa	dine	
	heart failu	re, asthenia, etc. It m complication which	eans the diseas	se,			
	11/1/2	ANTECEDENT CA	USES	Hu	Te coronary,	1 / 6	
5	DISEASES	OR CONDITIONS	IF ANY, GIVII	NG			8.g
-	RISE TO T	HE ABOVE CAUSE (A) STATING T	HE DUE TO	myocardid in	Leve Timi	
3	ONDENE	THE CONDITION	LAST.	C /1	nyo caraca a	17476.000	
_		н		(C)			
2		IGNIFICANT CON					
ر	TO THE DI	SEASE OR CONDITI	ON CAUSING	IT			
J.	19A. DATE O	F OPERATION O	19B. MAJOR	FINDINGS OF OPER	ATTON		YES NO
בובו	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12c. WHERE DID (If in Baltimore City, give exact locations) INJURY OCCUR?						
Ξ	21D. TIME (Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJUR	Y OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 6				WHILE AT NOT WHILE			
				//	14 , 1950, to	6/27 ,195	that I last saw th
		ive on 6/27	1950	and that death occur	red at 4:50 Pm., from	the causes and on t	he date stated above
ì	23A. SIGNAT		1118	la 1 / 2	3B. ADDRESS.	tosa.	23c. DATE SIGNED
2	4A. BURIAL, C	REMA- 24B. DATE	. 100-	24C NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, town	or county) (State)
TIG	on REMOVAL (S. Burial	pecify)	1-50	Good Shepher		Ellicott Cit	
D	ATE RECEIVED		R'S SIGNATI	RE	25. FUNERAL DIRECTOR		ADDRESS
1	IIN 2 9 19	50 Tuntu	ator //w	iane, M. M.	F.C. Higinbothor	m.Ellicott Ci	tv.Md.
L	LIN 4 J J	001			1 . O . 11 Part O 0 1101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 7

VS 150

94a



20 50 5738 BALTIMORE CITY HEALTH DEPARTMENT 50	5738				
CERTIFICATE OF DEATH Registered No.	3 / 00				
BIRTH NO.					
(Type or Print) Clarence L. Price OF DEATH	29-50				
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institute in the country is a country in the country in the country is a country in the country in the country is a country in the country in the country is a country in the country in the country is a country in the country in	itution : residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR) C. CITY OR TOWN (If outside corporate limits, w)	A DIVINA				
INSTITUTION Maryland general Hisp Battinore 27-	township)				
ongth of stay in Baltimore (Vrs.) O. STREET ADDRESS (If rural, give location) Days 5/3 Tunbridae Rd #	112				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AVE (In years last birthday) Monthe	Year If Under 24 Hours Days Hours Min.				
TOA HISHAI OCCUPATION (CL.)	CITIZEN OF WHAI CQUNTRY				
Sales man PRINTING (W) Maryland	USA				
Abraham Price Siranda Coler					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	RESS				
(16 no or unknown) (11 yes, give war or dates of service) 217-09-8554 Bessie L Price (wife) a	-sabore				
18. 442 X CAUSE OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	101				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES	yeare				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	· · · · · · · · · · · · · · · · · · ·				
UNDERLYING CONDITION LAST. (C) Generalized & Proschesis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, affice bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, atreet, affice bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, atreet, affice bidg., etc.)					
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK					
	at I last saw the				
deceased alive on 6/2 8, 19.50 and that death occurred at 4 2 4 2 4 1 1 1 2 3 1 SIGNATURE 234 SIGNATURE 238 ADDRESS 2 2 2 3 2 3 1 2	ate stated above.				
marguente Jours add mo marked Jens & 100go	6/29/50				
24A. BUNIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town, or e	ounty) (State)				
DURIAL 1-1-1950 WESTMINISTER CEM. WESTMINISTER DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR AD	DRESS				
LOJUN 29 1950 - + Williams Mr. H.W. JENKINS & Sons Co. 4	905 Y-01 0.				
VS 150	TO S TOKE M				

V5 150

27814

93)

50149 32-63-6 . A gamenut hand all My gantamoghan/jan M EVEN STREET AND TOLZ in the second 1. 2. (1) Print Mercan 4510 which is a contract of the con till to be a select and to devel and the Market are the state of the state of the La late description of the colored p 02 1 5 5 1 0 1 4 V 7 3

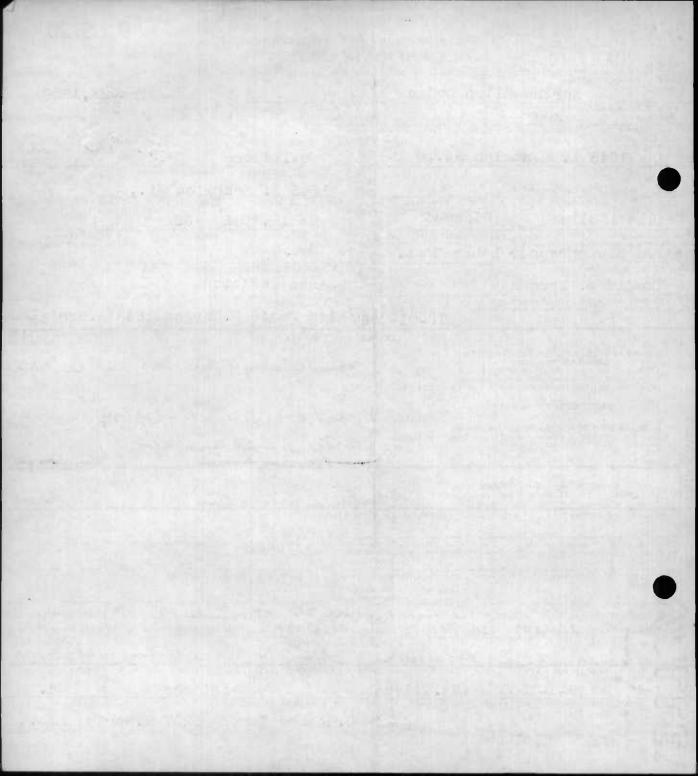
5739

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5739

Registered No.____

1. NAME OF DECEASED (Type or Print)	2. DATE				
Martha Ellen Bujac 3. PLACE OF DEATH:	DEATH J UNE - 28, 1950				
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1643 N. Bentalou St.,	Baltimore (2 township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. bength of stay in Baltimore Mos. Days	1643 N. Bentalou St.,				
Female White 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)	June 16, 1892 9. AGE (In years last birthday) 58 16 Under 14 Hours Min.				
10A. USUAL OCCUPATION (Give kind of or kind of business or industry etired Stenographer Leber Bros.	11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Thomas E. Morgan	Sarah Tarleton				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 216-01-2547	17. INFORMANT Miss Sadie N. Morgan 1643 N. Bentalou				
18. 470, 1 . CAUSE C	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND OEATH				
(This does not mean the mode of dying, e.g., (A)	aronary Thrombuses Sudden				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES					
Z DISEASES OF CONDITIONS IS ANY CHINA	ued cerebral applify				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	7				
(C)	Mino felians				
OTHER SIGNIFICANT CONDITIONS CON-	~				
TO THE DISEASE OR CONDITION CAUSING IT.	e entirities 2 days				
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPS Y7				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blowt home, ferm, factory, street, office bldg., et					
212. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
MURY MHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from	ne 26, 1950, to June 28, 1950, that I last saw the				
deceased alive on June 27, 1950. and that death occurred at 2:00 A.m., from the causes and on the date					
23A SIGNATURE E. Sharrey D. 2:	38. ADDRESS M. Worth and 6/29/50				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)				
Burial 7-1-1950 Mt.Olivet	Baltimore Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
-titlete colonial G	.Howard Strong 3207 W.North Ave.,				
871 MS 950 1950	0/5				
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6/1 949				



1 MANUE OF DE	=
BIRTH NO.	
0 0/40	
D EMAG	
Ell W	
-170	
26	
2-	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5740

	1. NAME OF DECEASED (Type or Print) JAMES HARNEY KROWNER - KNOWLES DEATH JUNE 27, 1950						
	PLACE OF DI Baltimore C				4. USUAL RESIDENCE (Where dece		
H	FULL NAME (. 1		tion, give street address or location)		SALT.	rite RURAL and give
IN	INSTITUTION UNION MEMORIAL HOSPITAL				BALTIMORE	12-0	5 township)
			YRS	Yrs. Mos.	D. STREET ADDRESS (If rural, give		
c.	ngth of st	ay in Baltimore		Days E. MARRIED.	B. DATE OF BIRTH 9. AGE		1 3 Year II Under 24 Hours
	M	W	WIDOV	VED, DIVORCED (Specify)	Oct 20, 188 7	7 2 Months	Days Hours Min.
		CUPATION (Give kind f working life, eveo if retir		OF BUSINESS OR	11. BIRTHPLACE (State or foreign cou	ntry) 12.	CITIZEN OF WHAT COUNTRY?
13	GAS CA		Heal	Ng FNg.	Stephenson Co	TLL.	USA
10		ON KNOW	LES		0 - 1	NEY	
15 (Yes	. WAS DECEASE	D EVER IN U. S. AR!	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
`	UNK.			SECONTI NO.	MISS M. ELEANOR FARREL	203 €	. NORTH AVE.
	18. 42	0.0		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				10000	ISCLEROTIC HEART L)IS EASE	YRS
	heart failu	not mean the mod re, asthenia, etc. It r complication which	neans the diseas	se,			
	ANTECEDENT CAUSES (B) GENERALIZED ARTERIOSCLEROSIS YRS.						
0	DISEASES OR CONDITIONS, IF ANY, GIVING						
AT		HE ABOVE CAUSE ('ING CONDITION		HE DUE TO			
IFIC		П		(C)			
ERTI		IGNIFICANT CON		N. CEDINO	o - VASCULAR ACCIDE	~/=	1 WEEZ
Ü	TO THE DI	F OPERATION	ON CAUSING	FINDINGS OF OPER		-//]	20. AUTOPSY?
AL							
IEDICA	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		imore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR	?	
			m.	WHILE AT WORK			
				accepted from	DNE 1,1950, to DUNG		
	23A SIGNAT		7, 1930,	and that death occur	rred at 5 p.m., from the cause		3c. DATE SIGNED
	Da	hald Z.	Lome	ville M.D.	Unin Men. Hosp		6/28/50
7/0	BURIAL, C	REMA- 248. DATE	1_	24c NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	(City, town, or	(State)
D	TE RECEIVE	BY RECISTRA	R'S SIGNATI	JRE OWO	25 FUNERAL DIRECTOR	AI	PRESS
L	IAL O O 108	RAR	trugton/	Miane, M	L. Kruck 5308	3 Har	Kord Kal
Jt	IN 2 2 195	30		は 日本の	FO		927
				V2	2 3 7		10%

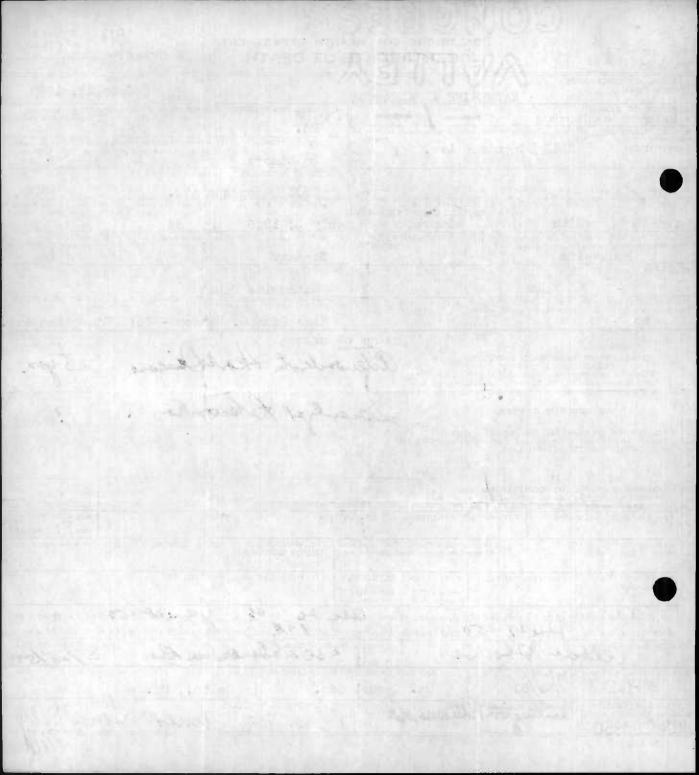
La Carlo Mars & Carlo - And a manager of the property of the same of the sam

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5741

Registered No.

NAME OF DECEASED (Type or Print) KATHER INE ANNA HANSON	2. DATE OF June DEATH	28, 1950			
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		rite RURAL and give			
2513 Edmondson Ave.	Baltimore 20-	OZ Jownship)			
Yrs.	o. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days	2513 Edmondson Ave.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		1 1 Year If Under 24 Hours S Days Hours Min.			
female white widowed	July 5, 1865 84				
OA. USUAL OCCUPATION (Givekind of prk done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) 12. Germany	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
- Haas	Katherine Pabst				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (es, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDR	RESS			
(1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Miss Edna G. Hanson - 2513 Ed	dmondson Ave			
18. 420.0 CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	- 6 + -16 . 1 / b.	ONSE! AND DEATH			
(This does not mean the mode of dying, e.g., (A)	all of				
CILEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO					
ANTECEDENT CAUSES	a les tolographen	7			
(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
ONDERETTING CONDITION LAST.		ATTACKED BY			
11 (C)	· · · · · · · · · · · · · · · · · · ·				
OTHER SIGNIFICANT CONDITIONS CON-					
	PATION	20. AUTOPSY?			
1 194. BATE OF GFERATION O 198. MASON PINDINGS OF GFER	A116N	YES NO			
21a. ACCIDENT. SUICIDE. 21a. PLACE OF INJURY (e. g., in about home, ferm, factory, street, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give otc.) INJURY OCCUR?	exact location)			
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
NJURY WHILE AT NOT WHILE					
m. WORK AT WORK	1 1 Au 126 15				
	ec 26, 19 6, to June 26, 1950 t.				
	rred at DA.m., from the causes and on the case Appress	ate stated above.			
albert Schools	2302 Generalan the	5/28/50			
	Cem. Balto. Md.	county) (State)			
DATE RECEIVED BY PROST AR'S SIGN FIRE		DDRESS /			
JUN 29 1950	Him. of Victorier V So.	no- wall			
VS 150	9:	30 Mila.			



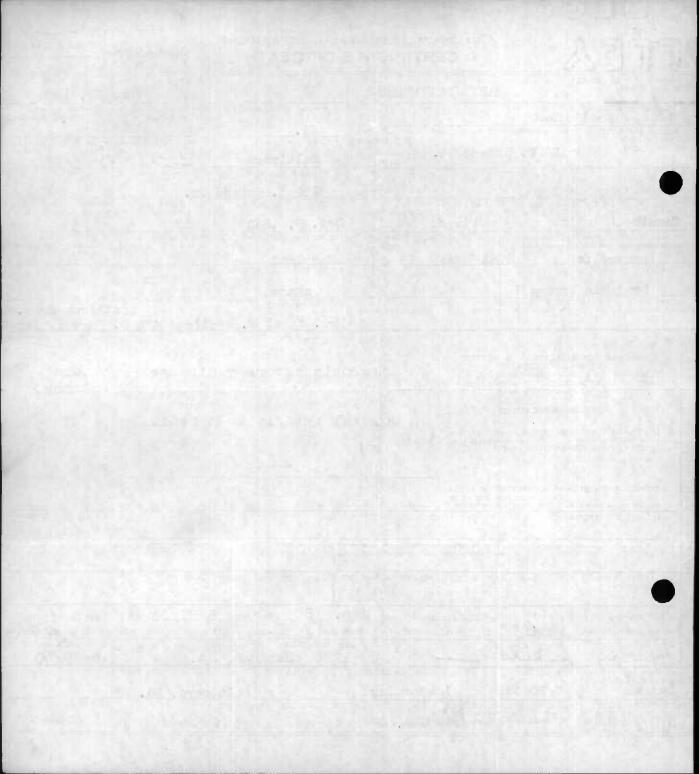
BALTIMORE CITY, HEALTH DEPARTMENT

5742

Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MARY IDA HORSEMAN June 27, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 129 W. Ostend St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore Days 129 W. Ostend St. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) Months Days Hours Min. last birthday) female white widowed Oct. 8, 1862 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife at home Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Bromwell Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (15 yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Linthicum Hgts. SECURITY NO. Mrs. Ethel M. Woollen 405 W. Forest View F NTERVAL BETWEEN 18. 420, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Sclerotic coronary disease about (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 3 mos. injury or complication which caused death.) ANTECEDENT CAUSES (B) General arterio sclerosis. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that I attended the deceased from Mar. 18, 1950 to 6/27/50, 19, that I last saw the deceased alive on 6/26/509 and that death occurred at Pon., from the causes and on the date stated above. 28A. SIGNATURE 23c. DATE SIGNED 1226 Hanover St. 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME of CEMETERY OF CREMATORY | 24b. LOCATION (City, town, or county) Burial 6/30/50 Loudon Park Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

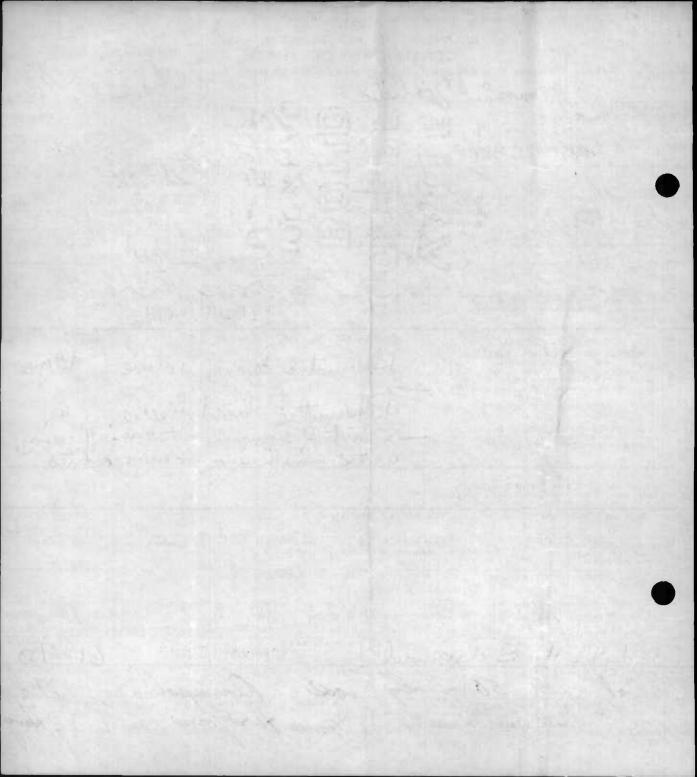
or the strains before the parties of the parties



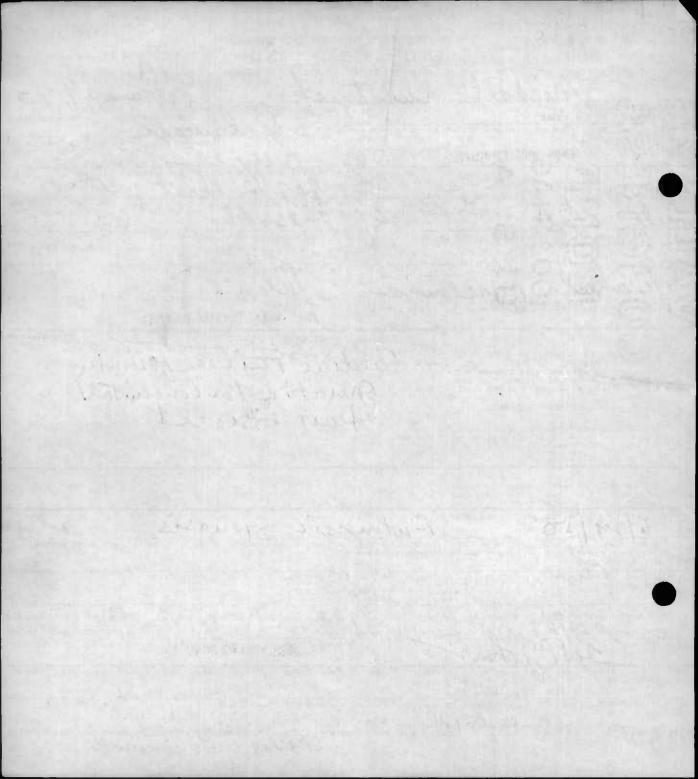
1.	40			5/	urley	, 50	EMAG
		50 5743		TIMORE CITY HE	ALTH DEPARTMENT	50 Registered N	
	NAME OF D	ECEASED				2. DATE	
(T	Type or Print) ERNEST G. SHILLEY					OF DEATH 6/	29/50
	Baltimore (City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	nstitution: residence before admission)
HC	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)			on, give street address or location)	c. CITY OR TOWN (If	Olleghene outside corporate limits	, write RURAL and give
2 (I Have a Maryland Hospital			Cumpherlan	d	township)	
2	ngth of s	tay in Baltimore	. 9	Yrs. Mes. Days	D. STREET ADDRESS (If F		5102
5.	SEX .	6. COLOR OR RACE	MIDDA	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 3/18/8V	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours Liths Days Hours Min.
		CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
WOLE		of working life, even if retired)	6	industry	West Vug.	inia	WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN NA	ME	
	4.	1. Shirley	_		anne C. 14	idelmani.	
15 (Yes	. WAS DECEAS.	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		OCHLEY
	18. 33	2 V		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) thrombonis Cerebral Cartery, left.						
		re, asthenia, etc. It me complication which		е,		1. 0	
		ANTECEDENT CAU	SES				
Z			75.40		elegia, right	•••••	
ERTIFICATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING TH				
OF I				Gene	uslesed arleno	sclerasio	
F	OTHER	II SIGNIFICANT COND	ITIONS CO				
CEF	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D.			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A	6	26/50	Preum	encephalogram.	- rejaline		YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., it isrm,factory,street,office bldg.,e		in Baltimore City, g	ive exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
	INJURY		m.	WHILE AT WORK			
	22. I horeh	a certify that I at	tended the		6/20 1950 10	6/29 19.00	that I last saw the
		22. I hereby certify that I attended the deceased from 1950, to 6/29, 1950, that I last saw the deceased alive on 6/29, 1950, and that death occurred at 23 Am, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED					
	23A. SIGNA			2	3B. ADDRESS		23c. DATE SIGNED
		mark & 1	cet,	M. D.	U) ma	Hash.	6/29/50
710	A. BURIAL	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	CATION (City, town,	or county) (State)
_	Jurea	/ July	1950	Elgwood X	em. I	arlestown	
L	ATE RECEIVE	RAR REGISTRAR	'S'SIGNATL	MILL:	25. FUNERAL DIRECTOR	nelle - vous	ADDRESS
=	VC 150	ځيين ۱	walns,	TIME AND THE	- Carlo	2 / 60 -	
	N 29195	in the same	. 0	136	47	1010017, M	+ \$2B
IU	N 53 13						

CE - 55 19

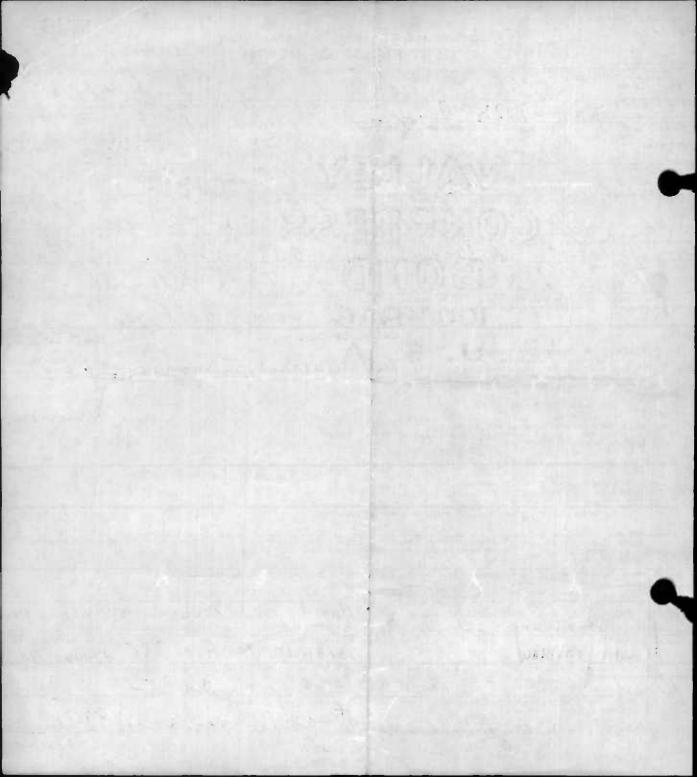
1170	50 5744
BALTIMORE CITY HE	EALTH DEPARTMENT
50 5744 CERTIFICATI	E OF DEATH Registered No.
I. NAME OF DECEASED Type or Print) R. Willis	2. DATE OF JUNE 28,1950
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. QUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION ONE TOPKINS HOSPITAL	
gth of stay in Baltimore	o. STREET ADDRESS (If rural, give ocation)
6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME Marcle Richardson
15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO.	17. INFORMANTS HOPKINS HOSPITAL ADDRESS
18. 40/,/ CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	matré fever, acture 10 gs
injury or complication which caused death.) ANTECEDENT CAUSES	enuation beart disease 11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	utral stensis, mital inenficiency,
(c) ant	¿ montalenay, + myocarditis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE GEATH, BUT NOT RELATED	" 1, 7
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY WHILE AT NOT WHILE	
22. I hereby certify that Lattended the deceased from	723, 1950, to 6/28, 1950, that I last saw the rred at /2 km, From the causes and on the date stated above.
	23B. ADDRESS 10NNS HOPKINS HOSPITAL 23c. DATE SIGNED
24A. SURIAL CHEMA- 24B. DATE 24C. NAME OF CEMETER OF CE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	anus H. Fors. 4001 Rahis Huy
VS 150	58B



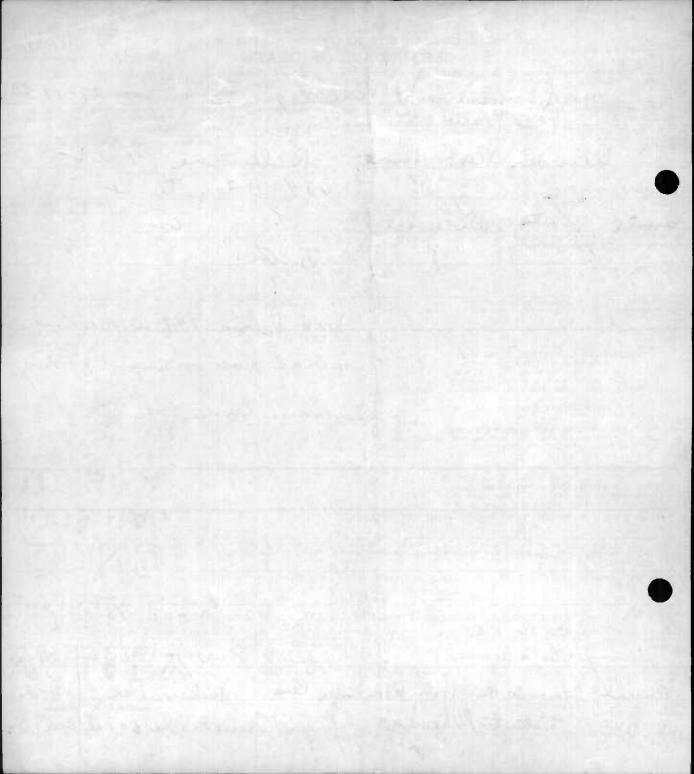
50	5745	RAI	TIMORE CIT	V HEA	ITU DEBAI	DTMENT	1	50	574	15
			CERTIFIC				Reg	istered	No	
I. NAME OF DEC	CEACERO 1	1	- 11					1		
(Type or Print)	Much	sel	ohn	atra	ick		2. DATE OF DEATH	tur	e. 2 °	91950
3. PLACE OF DEA				A A	. USUAL RES	DENCE	here decease			n : residence fore admission)
B. FULL NAME OF	F (If not in hospit	al or institut	ion, give street add		CITY OR ON	ela	war	L limi	V-	URAL and give
INSTITUTION	IONNS HOPK	INS HOSPY	TA1		ha	1112	l_	or acc mm	ios, write n	township)
congth of sta	y in Baltimore			Yrs. C Mos. Days	907	2 /2	rupal, give lo	cation)	at.	
male 6	White		MARRIED. ED, DIVORCED		8-26-	48	9. AGE (III last birt	thday) M	If Under I Year on the Day 2	B Under 24 Hours Hours Min.
IOA. USUAL OCCU	UPATION (Give kind of working life, even if retired)	10B. KIND		ICTPV	i. BIRTHPLAC				12. CIT	ZEN OF AT COUNTRY?
13. FATHER'S NA	ME	11			4. MOTHER'S					
Much	sel 1	1111	mick		bled	200 -	Kluz	znik		
Yes, no or unknown)	EVER IN U, S. ARMEE (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO. 1:	7. INFORMANT		INC NOON		DDRESS	
	, ,					ind nurk	INS HOSPI	TAL		
18. 7	4 h		CAI	USE OF	DEATH				ONSI	RVAL BETWEEN
	/ /									
	OR CONDITION EADING TO DEAT	TU	C	udi	in F	aile	us t	8/1u	nie	
(This does no heart failure,	EADING TO DEAT not mean the mode of asthenia, etc. It mea	TH of dying, e. g ins the disease	, (A) C	udi	ac F	aile	inf	ollu	nics	
(This does not heart failure, injury or co	EADING TO DEA- not mean the mode of asthenia, etc. It mea omplication which c	TH of dying, e. g ins the disease caused death	(A)	gre	iac F	aile	- Cong	ollu jeni.	nier Tal	
(This does not heart failure, injury or co	EADING TO DEAT not mean the mode of asthenia, etc. It mea	TH of dying, e. g ins the disease caused death		ope He	ac Francisco	aile	Cong	ollu geni.	nier tal	
(This does no heart failure, injury or co	EADING TO DEAT not mean the mode of , asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, III	TH of dying, e. g uns the disease caused death SES F ANY, GIVIN STATING TH	(B)	ope He	iac Francisco	aile for	Congress se	ollu geni:	ni us tal	
(This does no heart failure, injury or co	EADING TO DEA- tot mean the mode of , asthenia, etc. It mea omplication which of	TH of dying, e. g uns the disease caused death SES F ANY, GIVIN STATING TH	(B)	one He	iac Foliation Florida	aile for	Congress of	ollu jeni.	nico Tal	
(This does no heart failure, injury or co	EADING TO DEAT not mean the mode of , asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	TH of dying, e. g uns the disease caused death SES F ANY, GIVIN STATING TH	(B) G E DUE TO	ope He	iac Foliation of the contract	aile for prisea	Congress	ollu jeni:	nico Tal	
(This does no heart failure, injury or co	EADING TO DEAT to the mode of , asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA II SNIFICANT CONDI	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST.	(B) G E DUE TO (C)	ope He	iac Foliation of the	aile for hisea	Congress	ollu yeni.	nico Tall	
CONTRACTOR OTHER SIG	EADING TO DEAT not mean the mode of , asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, III E ABOVE CAUSE (A) NG CONDITION LA	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)	He	ait t	aile for	Con sel	ollu jeni:	nico Tall	
CO DISEASES OF RISE TO THE UNDERLYIN OTHER SIG TRIBUTING TO THE DISE	LEADING TO DEAT that man the mode of the asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)	He	ar t	bsea	بعا	- 111	20	AUTOBSY?
COLUMN OTHER SIGN TRIBUTING TO THE DISE	EADING TO DEAT into mean the mode of , asthenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, III E ABOVE CAUSE (A) NG CONDITION LA SINIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION OPERATION 1 OPERATION 1 NT WAS UNDER-	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE is CAUSING II 9B. MAJOR 21B. PLA	G DUE TO (C) FINDINGS OF	OPERAT MAN (e. g., in or	ION .	Ster (1	Consellation of the Baltimo		20. YES	No 🗆
COLUMN OTHER SIGN TRIBUTING TO THE DISE	EADING TO DEATON MICHAEL STATE OF CONDITIONS, II CONDITIONS LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION CONDITION COPERATION 1	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE is CAUSING II 9B. MAJOR 21B. PLA	G DUE TO (C) FINDINGS OF	OPERAT MAN (e. g., in or	ION .	Ster (1	ons		20. YES	No 🗆
CAUSE OF DE	EADING TO DEATON MICHAEL STATE OF CONDITIONS, II CONDITIONS LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION CONDITION COPERATION 1	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 19B. MAJOR 21B. PLA about bome, f	G DUE TO (C) FINDINGS OF	OPERAT (e. g., in or ce bldg., etc.)	ION .	Sylva Sylva Solva Surra (I	o Wilder		20. YES	No 🗆
COLUMN CALL CAUSE OF DELL'S ACCIDENT CAUSE OF DELL'S CAUSE OF	EADING TO DEATON THE MADE NOT MADE NOT CONDITIONS, II CONDITION LASS OF CONDITION LASS OF CONDITION LASS OF CONDITION OPERATION OPERATION TO THE DEATH, BUT THE DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING EATH	of dying, e. g ins the disease caused death ses f ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE is CAUSING II 9B. MAJOR 21B. PLA about home, fi	GE DUE TO (C) FINDINGS OF CE OF INJURY arm, factory, street, offi	OPERAT (e. g., in or ce bldg., etc.)	ION . I 21C, WHERE INJURY OCC	Sylva Sylva Solva Surra (I	o Wilder		20. YES	No 🗆
COLUMN TO THE DISE OTHER SIG TRIBUTING TO THE DISE 19A. DATE OF DEPARTMENT OF DEPART	EADING TO DEATON THE MADE NOT MADE NOT CONDITIONS, II CONDITION LASS OF CONDITION LASS OF CONDITION LASS OF CONDITION OPERATION OPERATION TO THE DEATH, BUT THE DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING EATH	TH off dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH AST. TIONS CON NOT RELATE I CAUSING II 19B. MAJOR 21B. PLA about bome, f (Hour) 7	G DUE TO (C) FINDINGS OF CE OF INJURY arm, factory, street, offi 21E. INJURY OC WHILE AT NOT WORK AT	OPERAT (e. g., in or ce bldg., etc.) CURRED TWHILE WORK	ION . 1 2 IC, WHERE INJURY OCC 21F. HOW D	Sylva Sylva Solva Surra (I	o Wilder	ore City,	20 YES	No De location)
COLUMN OF DESCRIPTION	EADING TO DEATON MARCHANDER CONDITIONS, III CANDITIONS LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION CONDITION CONDITION CONTRIBUTING CONTRIBUTION CONTRIBU	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH STATING TH STATING IT CAUSING IT GBB. MAJOR 21B. PLA about bome, f (Hour) n. tended the	G DUE TO (C) FINDINGS OF CE OF INJURY arm, factory, street, offi 21E. INJURY OC WHILE AT NOT WORK AT	OPERAT (e. g., in or ce bldg., etc.) CURRED TWHILE WORK OCCURRED	ION . 21c, WHERE INJURY OCC 21f, HOW D	Stea (I CUR?) to (I), to (I), from t)	f in Baltimo	ore City,	20 YES give exact	last saw the
COLUMN CANAGE OF CAUSE OF DE C	EADING TO DEATON MARCHANDER CONDITIONS, III CANDITIONS LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION CONDITION CONDITION CONTRIBUTING CONTRIBUTION CONTRIBU	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH STATING TH STATING IT CAUSING IT GBB. MAJOR 21B. PLA about bome, f (Hour) n. tended the	GE DUE TO (C) FINDINGS OF CE OF INJURY ATMORPH NOT WORK NOT deceased from and that death	OPERATION OF CONTROL OF WORK OCCURRED OCCURRED 23B	ION . I 21C. WHERE INJURY OCC 21F. HOW D	Stea (I CUR?) to (I), to (I), from t)	f in Baltimo	ore City,	20 YES give exact	last saw the
OTHER SIG TRIBUTING TO THE DISE 19A. ACCIDEN LYING OR CAUSE OF DE 21A. ACCIDEN LYING OR CAUSE OF DE 21D. TIME (More and the control of the co	EADING TO DEATON MENT OF THE PROPERTY OF THE P	of dying, e. g ins the disease caused death ses f ANY, GIVIN STATING TH AST. TIONS CON NOT RELATE I CAUSING II 19B. MAJOR 21B. PLA about home, f 0 (Hour) icended the 1, 1940.	GE DUE TO (C) FINDINGS OF CE OF INJURY ATMORPH NOT WORK NOT deceased from and that death	OPERATE (e. g., in or ce bldg., etc.) CURRED WORK OCCUPY CONTROL 23B	ION . 21c, WHERE INJURY OCC 21f, HOW D dat /2 ADDRESS	Stea Stea DID INJURY DID INJURY HOPKINS I	f in Baltimo	ore City,	Q, that I he date:	last saw the stated above.
COLUMN OF DESCRIPTION	EADING TO DEA. icot mean the mode of the mean the mode of asthenia, etc. It mean omplication which control is a second of the mean of the	of dying, e. gens the disease caused death sees FANY, GIVIN STATING THAST. ITIONS CON NOT RELATE CAUSING IT CAUSING IT 198. MAJOR 218. PLA about home, for the causing it causing it is causing it is causing it is causing it.	GE DUE TO (C) FINDINGS OF CE OF INJURY ATM, factory, street, offs VHILE AT NOT WORK AT deceased from and that death	OPERATE (e. g., in or ce bldg., etc.) CURRED WORK OCCUPY CONTROL 23B	ION . 21c, WHERE INJURY OCC 21f, HOW D dat /2 ADDRESS	STEM (I CUR? (f in Baltimo	ore City,	Q, that I he date:	last saw the stated above.
COLUMN OTHER SIGNATURE OF DE LYING OF DE L	EADING TO DEATHOR TO D	of dying, e. gens the disease caused death seased death seased death statement of the state	FINDINGS OF CE OF INJURY OC VHILE AT NOT WORK AT deceased from and that death M. 24C. NAME OF CE	OPERATI (e. g., in or cebldg., etc.) CURRED I WHILE WORK 238 D. EMETERY	ION . 2 IC. WHERE INJURY OCC 21F. HOW D ADDRESS S OR CREMATOR	STEM (I COUR? (I)	f in Baltimore occur?	ore City, and on t	Q, that I he date:	last saw the stated above. ATE SIGNED
COLUMN AND	EADING TO DEATHOR TO D	of dying, e. gens the disease caused death seased death seased death statement of the state	FINDINGS OF CE OF INJURY OC VHILE AT NOT WORK AT deceased from and that death M. 24C. NAME OF CE	OPERATIVE (e. g., in or ce bldg., etc.) CURRED I WHILE WORK 23B D. EMETERY	ION . I 2 IC, WHERE INJURY OCCUPATION OF CREMATOR CREMATOR CHIMUNE COLUMN TO THE COLUMN	STEEL (I CUR? DID INJURY TO THE PROPERTY SCREET	f in Baltimo	ore City, and on to City, town Penna. Inc.	give exact that I the date 23c. D	last saw the stated above. ATE SIGNED
COLUMN OTHER SIGNATURE OF DE LYING OF DE L	EADING TO DEATHOR TO D	of dying, e. gens the disease caused death sease death	FINDINGS OF CE OF INJURY OC VHILE AT NOT WORK AT deceased from and that death M. 24C. NAME OF CE	OPERATIVE (e. g., in or ce bldg., etc.) CURRED I WHILE WORK 23B D. EMETERY	ION . I 2 IC, WHERE INJURY OCCUPATION OF CREMATOR CREMATOR CHIMUNE COLUMN TO THE COLUMN	STEEL (I CUR? DID INJURY TO THE PROPERTY SCREET	f in Baltimore occur?	ore City, and on to City, town Penna. Inc.	give exact that I the date 23c. D	last saw the stated above. ATE SIGNED



23 La Godman	50 5746
	E OF DEATH Registered No
1. NAME OF DECEASED Q	2. DATE
3. PLACE OF DEATH: QGQQ D	OF DEATH AND A 7/30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland 7 227, 22, 38. FULL NAME OF (If not in hospital or institution, give street address or location)	
NSTITUTION () ()	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
gth of stay in Baltimore 42 Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)	//
IOA. USUAL OCCUPATION (Give kidd of IOB. KIND OF BUSINESS OR INDUSTRY INDUSTRY	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Barbara Kliment
Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	Bushave Shelta 90 & 11 Brudlas
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	rculosis, pulmonary Approx
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B)	65n08-1 NY.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
1 22. I herebyochtify that I attended the deceased from 13	
degrased alive in 26 Sune, 19 50 and that death occur	April, 1950 to 27 June, 1950 that I last saw the rred at 10 A.m., from the causes and on the date stated above.
dedased alimin 26 June, 19.50 and that death occur 231 SIGNATURE M.O.	April, 1950 to 27 June, 1950, that I last saw the rred at 10 A·m., from the causes and on the date stated above. 23B. ADDRESS 2513 N. Milton Ave. 29June 1950
dedased alimin 26 June, 19.50 and that death occur 231 SIGNATURE M.O.	April, 195 to 27 June, 1950, that I last saw the cred at 10 A·m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 29June 1950 29June 1950 29June 1950 29June 1950 29June 1950 2011 2011 2011 2011 2011 2011 2011 20
declased alimen 265472, 19.50 and that death occur 23 SIGNATURE 10 MMM M. O. 24A. PURIAL, CREMA- 24B. DATE 110N FEMOVAL (Special) 10 30 - 50 10 Holy Roo DATE RECEIVED BY REGISTRAR'S SIGNATURE	April, 1950 to 27 June, 1950, that I last saw the rred at 10 A·m., from the causes and on the date stated above. 23B. ADDRESS 2513 N. Milton Ave. 29June 1950
declased aline in 2654 ne, 19.50 and that death occur 231 SIGNATURE 10 MAN M.O. 24A. BURIAL, CREMA- 24B. DATE 1101 REMOVAL (Specific) 10 June 10	April, 195 to 27 June, 1950, that I last saw the cred at 10 A·m., from the causes and on the date stated above. 23B. ADDRESS 2513 N. Milton Ave. 29June 1950 CRY OR CREMATORY 240. LOCATION (City, town, or county) (State)



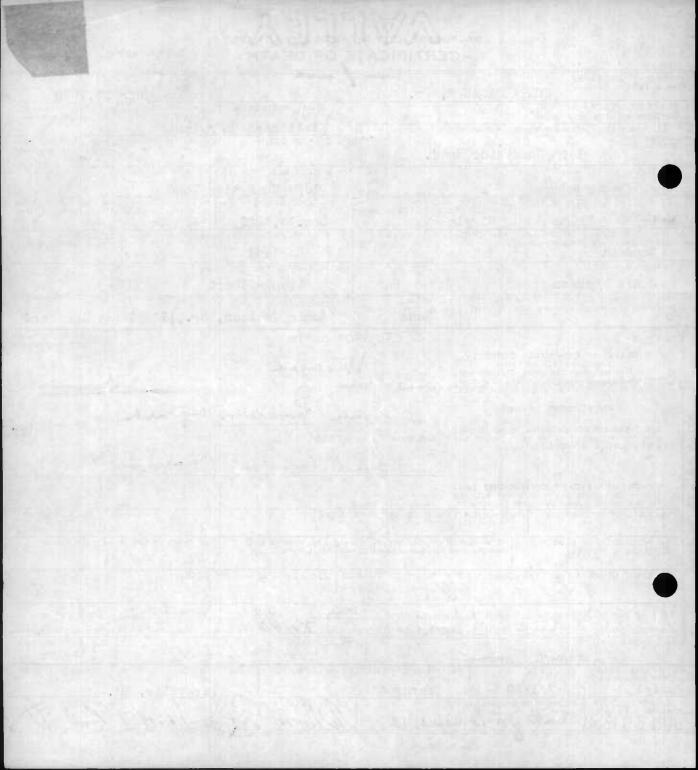
32				
532 BA	LTIMORE CITY HEAL	TH DEPARTMENT	50	5747
BIRTH NO. 47	CERTIFICATE C		Registered No	011
1. NAME OF DECEASED (Type or Print)	ing Van	degia	2. DATE June . 2	7-1950
A. Baltimore City, Maryland Baltimore		USUAL ESIDENCE (WI		ution: residence before admission)
B. FULL NAME OF (If not in hospital or institu	ition, give street address or	md	V	
INSTITUTION (1)	A Home	CITY OR TOWN (If o	outside corporate limits, wri	te RURAL and give township)
A Company	Yrs. D.	STREET ADDRESS (If r	ural, give location)	
c. Igth of stay in Baltimore	Mos. Days	84 W Jan	yelle It.	
	E. MARRIED, WED, DIVORCED (Specify)	DATE OF BIRTH	AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	D OF BUSINESS OR 11.	BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME	•
?		7		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	ADDRE	ss
	? \	4V. Valgio	749 W Ba	Olemore &
18. 443 X	CAUSE OF	DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	(1 cha.	bral Home	orlenge	8 day
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	se.			
ANTECEDENT CAUSES	1/ 1	1 Can	· Tous decem	.)
DISEASES OR CONDITIONS, IF ANY, GIVE	NG (B)	ence ora	ia l'occila	
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.			4	•
	(C)			
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	IT			
19A. DATE OF OPERATION 19B. MAJOI	R FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PL	ACE OF INJURY (e. g., in or farm, factory, street, office bldg., etc.)	21c. WHERE DID (If	in Baltimore City, give e	
CAUSE OF DEATH	, tal as, talear, o mee brigg, eve.	INJUNT OCCURY		
ZID TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE	21F. HOW DID INJURY	occur?	
m.	WORK AT WRK			
deceased alive on 16 1950	and that death occurred		e causes and on the da	
23A. SIGNATURE	23в. А	ADDRESS		C. DATE SIGNED
24A. BURIAL, CREMA-Y 24B. DATE	M. D.	6 27 the	gen the fo	- 20 - 50
TION, REMOVAL (Specify	24C. NAME OF CEMETERY O	Carre Carre	CATION (City, townlor co	unty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25.	FUNERAL DIRECTOR	ADE	DRESS
HIN 301950 tutuston	Misure, M. J.	melle Kasens	kas de 6024	Josh . BL
Vs 150	Contraction and the Contraction of the Contraction		•	927
	V			1-1



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF JUNIA JACKSON, Jr. DEATH June 27,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) XXXXXXXXXX Ma ryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 1625 Shadyside Road. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mag c. Length of stay in Baltimore 1625 Shadyside Road Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. Male White Siggle Dec.10,1926 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Student England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Junia Jackson Ellen Gilbert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS None No. Junia Jackson, Sr., 1625 Shadyside Road INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK ene 27, 192, that I last saw the may 1950 to 22. I hereby certify that I attended the deceased from. Line K. 1950, and that death occurred at 2'00 KM, from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREWA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Burial Parkwood Parkville. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNDRAL DIRE ADDRESS include of the holy of the

VS 150

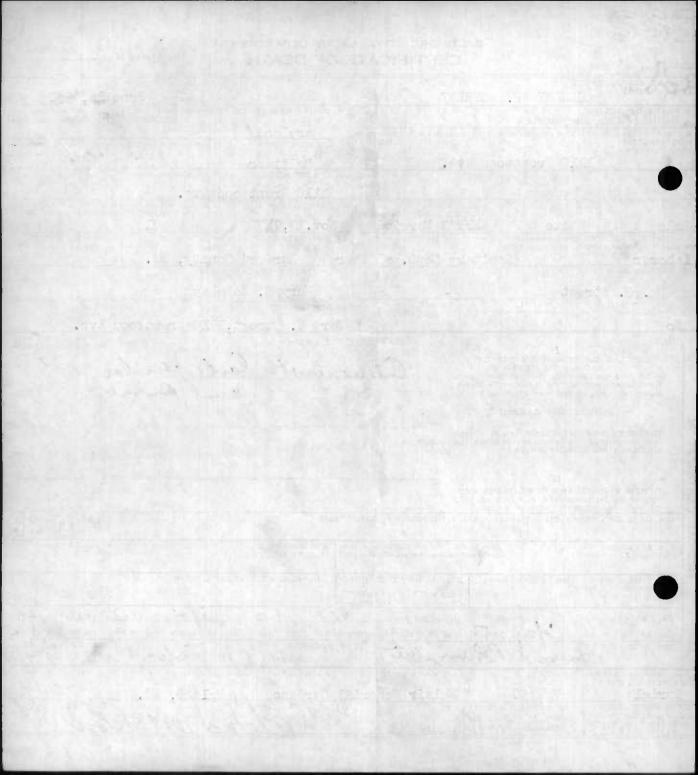


3 6 3 5749

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 574.9

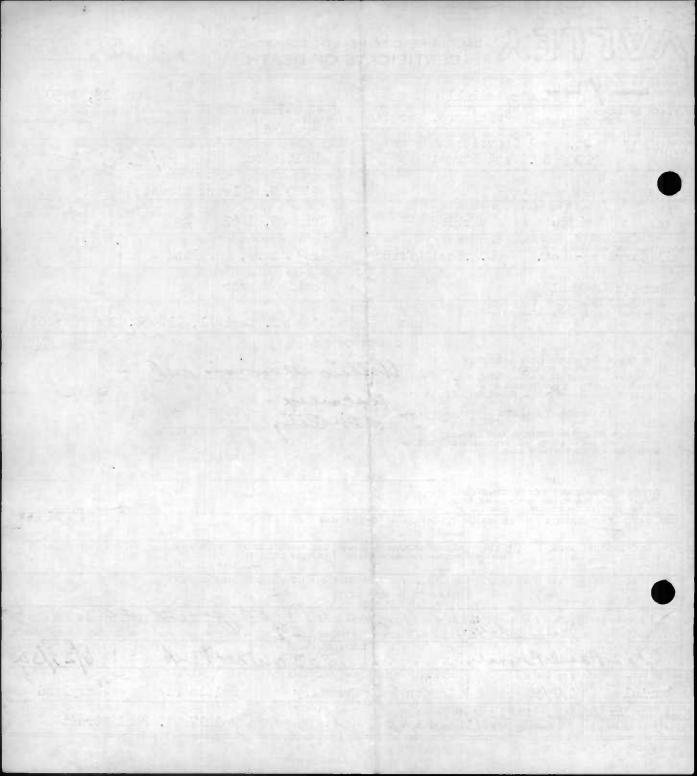
BIRTH NO.		CERTIFICA	IE OF DEATH		
NAME OF D	ECEASED			2. DATE	
Type or Print)	GAILEY H	STREET		DEATH June 28	8,1950
Baltimone			4. USUAL RESIDENCE (W)	here deceased lived. If institu	
. FULL NAME	City, Maryland	al or institution, give street address		B. COUNTY	before admission)
HOSPITAL OR	0. (-1	locatio		outside corporate limits, writ	te RURAL and give
Natificition	1110 Brent	wood Ave-	Baltimore	10	() tewnship)
	LILO DI OII	Yr		ural, give location)	
Length of s	tay in Baltimore	Mo		ATTO	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,			8. DATE OF BIRTH	9. AGE (In years Il Under 1	Year It Under 24 Hours
Male	White	WIDOWED DIVORCED (Spec	Nov.17.1878	last birthday) Months	Days Hours Min.
	CUPATION (Give kind of		11. BIRTHPLACE (State or for	reign country) 12 (CITIZEN OF
ork done during most o	of working life, even if retired)	INDUST	RY	V	WHAT COUNTRY?
Laborer 13. FATHER'S N	NAME	Sanitary Dept.Balt	more Harford Cou	unty, Md.	
is. I ATTIEN S [AMIL				
	Street		Mary S. Rampl	Lay	
es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT	ADDRE	ss
No			Mary C. Street.11	110 Brentwood A	ve.
18. 114	2- X	CAUSI	OF DEATH	131	NTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY			DNSET AND DEATH
	LEADING TO DEA	TH Wing a g W	sionle otre Cara	li. arcular	
heart failu	ire, asthenia, etc. It mea	ins the disease,	<i>N</i> .	al Durane	
mjury or	complication which	caused death.) DUE TO	Rev	at sound	
	ANTECEDENT CAUS				
	S OR CONDITIONS, I	F ANY, GIVING	•••••••••••••••••••••••••••••		
UNDERL	THE ABOVE CAUSE (A)	STATING THE DUE TO			
	II	(C)			
	G TO THE DEATH, BUT				
	SISEASE OR CONDITION				
19A. DATE C	OF OPERATION 1	9B. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
			100-00-00-00-00-00-00-00-00-00-00-00-00-		YES NO L
	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bloomed		f in Baltimore City, give e	xact location)
TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCUP	RED 21F. HOW DID INJURY	OCCUR?	
NJURY		WHILE AT NOT WHI			
00 77 7	.17 .7 . 7	m. WORK AT WOR	6/9 , 1950, to	6/28 , 1917, the	. 7.7
		ended the deceased from			
deceased at		, 19 TO, and that death occ	238. ADDRESS 1	ie kauses and on the da	c. DATE SIGNED
25A. 51611A	beens	Blum aus	1115h	Calvert or	6/24/5
24A. BURIAL, (CREMA- 248, DATE	M. D.		CATION (City, town, or con	unty) (State)
ION. REMOVAL (S	Specify)	Deleja Memer	sial Cambana . B.	Pals Wi	/
Burial DATE RECEIVE	D BY REGISTRAR) Belair Memon	125 FUNERAL DIRECTOR	ADI	RESS_
LOCAL REGIST		-f- K/11.	Mille Cont	- I want	DIXY
JUN 30	1950 . emplie	you I you are , My	1 X IN THE	112100	wyy
VS 150		The second of	198	131	10/



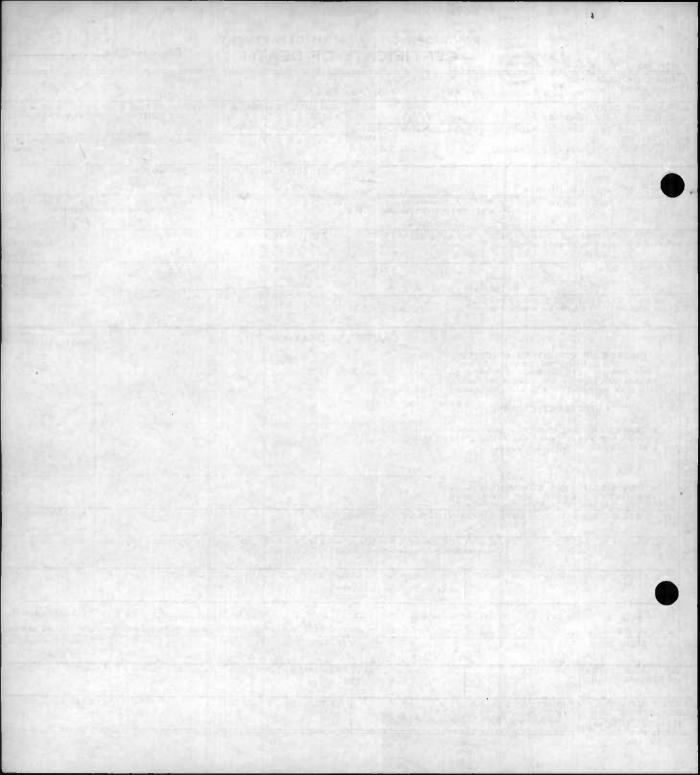
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5750

NAME OF DECEASED Type or Print) Louis Lemkuhl	2. DATE OF June 28, 1950
B. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland
HOSPITAL OR St. Paul Convalesent Homelccation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
NSTITUTION 2305 St. Paul Street	Baltimore /2-0 Z township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Reigth of stay in Baltimore Days	3300 N. Calvert Street
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DVORCED (Specify) MARYTICAL	June 25, 1862 88 1862 1862 1862 18 10 Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Mail Carrier - Ret. U.S. Post Office	Baltimore, Maryland WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Lemkuhl	Sophia Wagner
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. NO.	Informant ADDRESS Leland S. Lemkuhl, 1106 E. 36th Street
18. 44.10.0 CAUSE	OF DEATH
(This does not mean the mode of dying, e.g., (A)	noallewes and
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	encia -
DISEASES OR CONDITIONS, IF ANY, GIVING	enia- inlity
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ONDEREN NO CONDITION EXST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
2 21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21a. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
Zim TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	- 10/7, 19590 km 26, 19 That I last saw the
deceased alive on June 28950, and that death becur	rred at 2 m., from the causes and on the date stated above.
23A STONATURE DUPLY M.D. 2	3033 Wrotters 230, DITE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial 7/1/50 Loudon Park C	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Wm. Cork. Ac. 1217 St. Paul Street
V5 150	0.5



1	2						
0	575	1	Section 1.		EALTH DEPARTMENT	Registered No.	50 5751
ВІ	RTH NO.	0-10058		CERTIFICAT	E OF DEATH	Registered 140.	
	NAME OF C ype or Print)	Baba Baba	B.	y Lein	bach	2. DATE OF DEATH	14-50
Α.		City, Maryland [∪]	(4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Units /		on, give street address or location)		outside eorporate limits,	write RURAL and give township)
-				Yrs.	D. STREET ADDRESS (If I	rural, give location)	
C	hgth of s	stay in Baltimore		Days	7// 3 ///	hary ave	
3.	m	6. COLOR OR RAC		ED, DIVORCED (Specify)	5 -/ 3 · 5-0		dei Year If Under 24 Hours hs Days Hours Min.
	done during most	CCUPATION (Give kind of working life, even if retir		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	WHAT COUNTRY?
13	FATHER'S			1	14. MOTHER'S MAIDEN NA	AME Luly	31.
	Cel	word O.	Leis	work	Elan J.	in The	4 Joseman
15 (Ye	MAS DECEAS	ED EVER IN U. S. AR! (If yes, give war or d	MED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	18, 5/			CALISE	OF DEATH		INTERVAL BETWEEN
	16	SE OR CONDITIO	N DIRECTLY	0.1032	d -		ONSET AND DEATH
		LEADING TO DI	e of dying, e. g		enalish	and	18 hrz
		ure, asthenia, etc. It r complication whicl			Sal	telor	
7		ANTECEDENT CA	USES				
ERTIFICATION	RISE TO	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH	(B)			
II.		11		(C)			
CERT	TRIBUTIN	SIGNIFICANT CON G TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELATE	.D			
		OF OPERATION	*****	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	211 ACCID	ENT CIUCIDE	L OLD DIA	CE OF INJURY (e.g., i	Late WHERE DID. (I	f in Poltimone City win	YES NO
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify)		arm, factory, atreet, office hldg.,		f in Baltimore City, giv	e exact location)
-	21D. TIME INJURY	(Month) (Day) (Ye		VHILE AT NOT WHILE		OCCUR?	
	22 I havel	has contifue that I		desagged from		5 - /Y 10 50	that I last sam the
	deceased a	live on 5-14	1950	and that death occur	rred at 4:50 Pm., from the	he causes and on the	date stated above.
M	23A. SIGNA	TURE // -	, 20	1-1-10 2	23B. ADDRESS		23c. DATE SIGNED
	A. BUSIA	Millem	to	lereghto.	Union men	will prosp	6-22-50
	4A. BURIAL, ON, REMOVAL (AG. NAME OF CEMETE	THY OR CREMATORY 246. LO	OCATION (City, town, or	county) (State)
	ATE RECEIVE DCAL REGIST		R'S SIGNATU	liance, Mill	25. FUNERAL DIRECTOR	Α	DDRESS
	VS 150	٠٠.	100 1000000000000000000000000000000000	Tradel sales			159



BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

5752 Registered No.

IRTH NO.	-91		CERTII ICA		OI DEAT	1 1			
. NAME OF DI Type or Print)	Elize	J. Hi	11				OF DEATH JU	ne	29, 1950
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Incation A703 Roland Ave.					. USUAL RESIDE . STATE Maryland	ENCE (W	here deceased lived a. COUNTY none		titution : residence before admission
					C. CITY OR TOWN (If outside corporate limits, write RURAL and gi				
th of st	tay in Baltimore		TILE	os. ays	4703 Rolan	d Ave	ural, give location)		
female	6.COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED. ZED, DIVORCED (Spe Zed)		unknown		9. AGE (In years last birthday)	lf Und Month	et Year H Under 24 Hours Min.
OA. USUAL OCC ork done during most o	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OF INDUS	TRY	Baltimore,		reign country)		CITIZEN OF WHAT COUNTRY
3. FATHER'S N	AME			14	MOTHER'S MA	IDEN NA	ME		
	muel Hill				Mary Jane	McKer	nzie		
es, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N		William H	i11	4703 Rol		AVO.
DISEASES RISE TO THE UNDERLY OTHER SI	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVIN STATING TH ST,	(C)						2712
TO THE DI	SEASE OR CONDITION	CAUSING I	Τ						
	0		FINDINGS OF O		ON 21c. WHERE D	VID (1)	t in Deluinous Civi	,	20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e larm, factory, street, office b		INJURY OCCU	R?	f in Baltimore Cit	y, give	e exact location)
NJURY	Month) (Day) (Year)	m.	21E. INJURY OCCU	HILE	21F. HOW DID			(7)	
	y certify that I att			curre	a ht 23 9m.		ne causes and or	n the	hat I last saw th date stated above
23A. SIGNAT	illiam I	They	fech M.D.	50 50	06 Roland	Ave.		1	23c. DATE SIGNED 6 - 29 - 50
24A. BURIAL. CO TON, REMOVAL (S. burial			Loudon Park		OR CREMATORY		imore, Md.	wn, or	county) (State)
DATE RECEIVED	BY REGISTRAR	S. SIGNATA	PE MARKET	2:	. FUNERAL DIR			A	DDRESS

VS 150

John O. Mitchell & Sens Inc. -1900 Eutaw Pl.

ELECTIVATE SERVE E. HA EFERMINISTE 12 - 31 . FFL build 601 AF AF WILL

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. NAME OF DECEASED 2. DATE (Type or Print) Howard O. Wright June 28, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3624 Park Heights Ave. Baltimore o. STREET ADDRESS (If rural, give location) Yrs. life Mos. 3624 Park Heights Ave. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. male white June 8. 1889 widowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Proprietor: Flooring Business - hardwood Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Wright Ida Varina 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Harry E. Wright - 1406 Webster St. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cororay Thrombesic heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES s, Cardiae Deconpensatar DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY 22. I hereby certify that I attended the deceased from Nov 7030, 1947, to June 28, 19 5, That I last saw the Luce 22 19 50 and that death occurred at 3 from the causes and on the date stated above. 23c. DATE SIGNED 3700 Park Heights Ave. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-

7 - 1 - 50

burial

Lorraine

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

CERTIFICATION

EDICAL

REGISTRAR'S SIGNATURE.

25. FUNERAL DIRECTOR ADDRESS John O.Mitchell & Sons, Inc .- 1900 Eutaw Pl.

WHEN WATER Professional - Administration of the profession of the land * SC - C Service Strate Strate Cotto to day of the contract of the letter of the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5754

. NAME OF DECEASED Type or Print) James	B. Robertson		2. DATE OF DEATH June	28, 1950		
Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
HOSPITAL OR 6000 Bellone	al or institution, give street address or Avenue location)		none			
Edgewood Nurs		Baltimore	(If outside corporate limits	s, write RURAL and give township		
gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS 1407 John St.	(If rural, give location)			
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2 - 16 - 71	1ast birthday) Mo	f Under I Year If Under 24 Hours on the Days Hours Min.		
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) O. Inspector	10в. KIND OF BUSINESS OR INDUSTRY	Delphi, Ind.	r foreign country)	12. CITIZEN OF WHAT COUNTRY		
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Andrew Benson Robert		Sarah Jones				
5. WAS DECEASED EVER IN U, S. ARMED es, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	Jas.B.Robertson		obress hn St.		
18. 4200.	CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH		
(This does not mean the mode of	f dying, e. g., (A) Cuttin	on Merstie Ken	+ Quiene	?		
heart failure, asthonia, etc. It meaningury or complication which complication	ns the discase.					
ANTECEDENT CAUS						
DISEASES OR CONDITIONS, IF	F ANY, GIVING	***************************************				
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO ST.			Se Property		
	(C)		***********************************			
11						
OTHER SIGNIFICANT CONDI	TIONS CON-					
TO THE DISEASE OR CONDITION						
19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
				YES NO		
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c, WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	give exact location)		
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?			
NJURY	m. WHILE AT NOT WHILE					
22. I hereby certify that I att	ended the deceased from	menter 1941/to	Jun 28 1950	that I last saw th.		
deceased alive on June 24	ended the deceased from	rred at 8 cm from	n the causes and on th	he date stated above		
23A. SIGNATURE		3B. ADDRESS	t the canoes and on th	23c. DATE SIGNED		
Inhan I Soller	rey M.D. 1	Medical Arts Bld	g3/6	June 30, 1950		
4A. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 240	. LOCATION (City, town,			
	50 Druid Ridge		kesville, Md.			
OCAL REGISTRAR	SSIGNATURE	25. FUNERAL DIRECTO		ADDRESS PI		
JUN 3 0 1950 Tuntur	on Vollians, Mill	John O.Mitchell	g 20018 THG - 19	oo Eucaw P1.		
VS 150	miles sy francisco de an I	The let here	AM -	30 930		
	Ey / , Sy min A	, 4 2		1-/		

core: N. Hebertiber THE STATE OF THE BOX OF THE April of the Co. . C. Chart Sain with - 120 Land THE CHARLES AND THE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE MORRIS FEINSTEIN DEATH JUNE 29, 1950 (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (ownship) Yrs. O. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF work dowe daring most of working life, even if retired) INDUSTRY WHAT COUNTRY? hole 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ooknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or ooknowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Acute CORONARY OCCUSION LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUF TO injury or complication which caused death.) (B) HYPERTENSIVE ARTERIOSCLEROK
DUE TO IFEART DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-NCOMITNENCE POST TUR TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL RINARY INCONTINENCE 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from June 18 1910 to Jane 29, 1900, that I last saw the deceased alive on we 29, 1950, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED BURIAL, CREMA-24B, DATE 241. LOCATION (Ely, town or county) MOVAL (Sperify DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

VS 150

order the avelo **的是一个人的一种,在一个人的一种** a remove to State Alleman Carlo description of the state of the state of MANAGER STATE OF THE RIGHT sound any seed of the same of the seed of the seed of SHIP TO SEE THE PERSON OF THE

7	00
BIRTH	5756

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5756

Registered No ... 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM H. DOSH DEATH June 28. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION townshin) 709 E. Gittings Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore 709 E. Gittings Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year last birthday) Months: Days Hours: Min. male white widowed May 4, 1866 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Elec. Eng. (rtd Elec. Eng. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. W. Lynn Dosh 709 E. Gittings Ave. no NTERVAL BETWEEN 18.4/20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? one 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY 31949, to Jean 28, 19 VO that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 19 Vo and that death occurred at P.m., from the causes and on the date stated above. 23A. SLEWATLINE 23c. DATE SIGNED or de mil 24D. LOCATION (City, town, or county) BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Burial Prospect Hill C em. Balto. Md. DATE RECEIVED BY

25 FUNERAL DIRECTOR

4 1º 150 4 4 11.

. By a chieff of the last seed of the last seed the letters of the street between Since the second second V was 2000 35 the second of the second Service of the servic

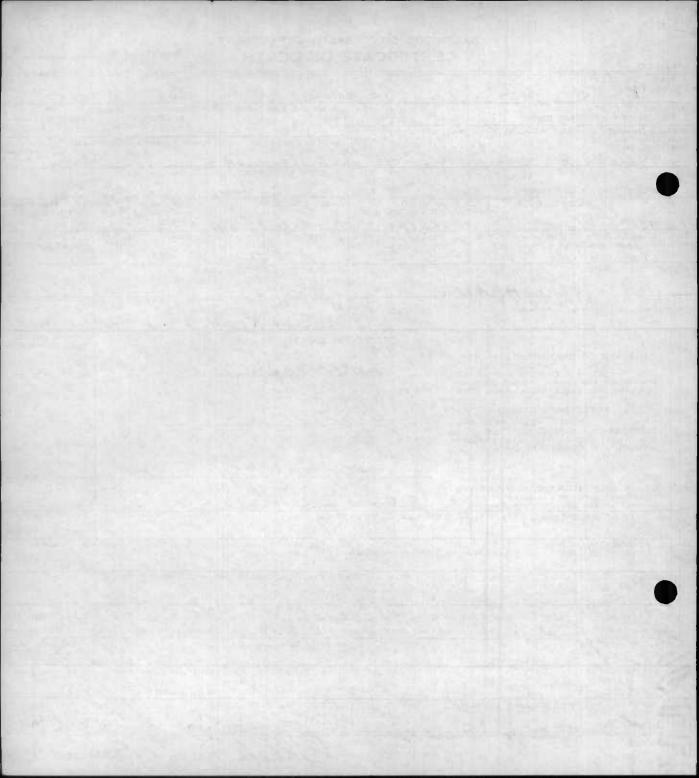
0 5757 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

50 5757

riotored No.

7.	1 1 0 0	7			CER	TIFICA	IE OF DI	EATH	1/6	gistered	140	
•	IRTH NO.											
1.	NAME OF D Type or Print)	ECEASI	ED			10			2. DATI	E		
(,	type of I rint)	P	VE UV	162.	1.11	(SAL	OMEA)		DEAT	н	6/22	10
3.	PLACE OF D	EATH:	,	00.0	Ly-	1011-		RESIDENCE			Cinctitution	revidence
Α.	Baltimore (City, M	laryland		/		A. STATE	,		OUNTY		re admission)
В.	FULL NAME	OF (If not in hospita	al or institut	tion, give	street address	or Ma	1				,
	OSPITAL OR					location	c. CITY OR	TOWN	(If outside cor	norste lim	ite weite DII	DAI and aim
11	STITUTION	1//	,		1/	1 ,	1	101111	(11 outside con	porag iiii	NI KU	township)
۷.	Fran	AL	10 591	Jave	1405	12/12 L	PALT	TIMORE		1		,
٣.			0			Yrs		ADDRESS (location)		
_	male of m	4 a :	D-143			Mos		5 11		1		
С.			Baltimore			Day	B 634	J. 11/04	TIFORD	HUE	NAIE	
5	. SEX	6.COL	OR OR RACE	7. SINGLI	E. MARR	RED. QRCED (Specif	8. DATE OF	BIRTH	9. AGE	(In years	It Under 1 Year	II Under 24 Hours
1	Esma. c	11	44 4				A /	1210		rthday) W	lonths Days	Hours Min.
10	EMALE	VV	HITE	101	AKK			SES 218		3		
OF	A. USUAL OC	CUPA I	ION (Give kind of	IOB. KINE	OF BU	SINESS OR	11. BIRTHPI	LACE (State of	r foreign coun	try)	12. CITIZ	
	//					INDUSTR	1	Pin			WHAT	COUNTRY
12	B. FATHER'S N	1/2 W	I F E					10LA				
13	FAIHER S N	AME	,				14. MOTHER	R'S MAIDEN	NAME			
	Man		//	21/1.			100					
1 6	WAS DESEASE	EU-	12 1-6	INAW	A		1361	IFS -				
Ye	MAS DECEASE	O EVER	IN U.S. ARMED	FORCES?	16. SC		17. INFORM	ANT .			ADDRESS	
		(- Brio war or durce	or bervice,	SE	CURITY NO.	SANT	. 1.	. 1 1 0	- CM	/	1
			-		1		IVVE. JOH	NIOC	IJR 63.	1 0.77	ONTEOR	D HUE
	18	4 X				CAUSE	OF DEATH					AL BETWEEN
		/_/	1			1	0				ONSET	AND DEATH
	DISEAS	I FADI	CONDITION ING TO DEAT	DIRECTLY		16	//	10		•		
	(This does	not me	an the mode o	f dving, e.	g., (A) It	marie	Krees	un	na	3-	loun
	neart Iallu	re, astne	enia, etc. It mea	ns the diseas	se.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	injury or	complie	ation which e	aused death	h.) DU	E TO A	/					
		ANITEC	EDENT CAUS	EE		//	-					
,		ANTEC	EDENT CAUS	153		Va					-	
5	DISEASE	SOBCO	ONDITIONS, II	- ANN GUU	(B)						
=	RISE TO T	HE ABO	VE CAUSE (A)	STATING TI	HE DU	E TO					111	
<	UNDERLY	ING C	ONDITION LA	ST.							T WAR	
ر	111111111111111111111111111111111111111							1	4 -	/		
L					(c) (12	unun	allec	1 00	in		
3			11		_	^						
-	OTHER S	IGNIFI	CANT CONDI	TIONS COL	N- /	2 8	1	4		1 7		
5	TO THE D	ISEASE	OR CONDITION	CAUSING	IT.	They	cles	oli-	6.6). I		
	19A. DATE O			98. MAJOR		IGS OF OPE	RATION				120 4	UTOPSY?
1			0	D. MADON		100 01 01 1	AIIOII				20. 2	
1											YES	NO X
É	21A. ACCIDE	NT. SU	ICIDE,			NJURY (e. g.		ERE DID	(If in Baltin	more City,	give exact l	ocation)
1	HOMICIDE	(Spec	ity)	ebout home, f	ferm, factor	y.street, office bldg	.,etc.) INJURY	OCCUR?				
Z												
٦.	21D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJ	URY OCCUR	RED 21F. HO	M DID INTO	RY OCCURT	?		
	INJURY				WHILE AT	NOT WHIL	E					
				m.	WORK	AT WORK			0			
	22 I horoh	u nonti	fy that I att	and ad the	200000	of from	ine 26	10.17740	Jun 25	7 10./	5 1hat 11	
		y corei,	Man all	chaca the	accease	a from g	wear.	, 194 40	Herry 1	, 134	e, that I ic	ast saw the
	deccased at	ive on_	Jyme V	, 19 <u>vo</u> ,	and tha	t death(gcc	irred at 6:14	m., from	the causes	and on t	the date st	ated above.
	234, SIGNAT	TURE					23B. ADDRESS	00			23c. DA	TE SIGNED
ч	MIL	1	20/11-1	>_			Iln.	11.0	0.1	1.	1 / -	33 5
2	A BUDIAL C	PETAL	24B, DATE		240 212	M. D.	TOY OF COL	TOPY	711	407	10	27-10
110	ON, REMOVAL (S	pecify)	Z4B. DATE		24C. NA	ME OF CEMET	ERY OR CREMA	10RY 24D.	LOCATION	(CHY/Lune	or county)	(State)
	BURIA		7/1/00		4.	" Ros	1011	P	aniti.	205	110	
_	ATE RECEIVED		11.140		HOL	-1 105	ARY		PALTIM	OICE	1019	
LC	OCAL REGISTI	RAP	REGISTRAR'S	SIGNATU	IKE		25. FUNERA	L DIRECTO	7		ADDRESS	5
1	NI 2 0 10F	0		164.	5 0	Ti It	MCC		40.0	10001	-0	1 Dues
1	M-2 0 122			T NIII		MA	IIII JAI	DO WSKI	490WZ	1808 7	- ASTIZRI	7 110-
	VS 150		The state of the s	11,11000	100000	17	10	1 1	OX 1	1 6		101
			0		And American	Se 12.	LX H	1100	81. V	70 060	DUDL.	. 427



BALTIMORE CERTII

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

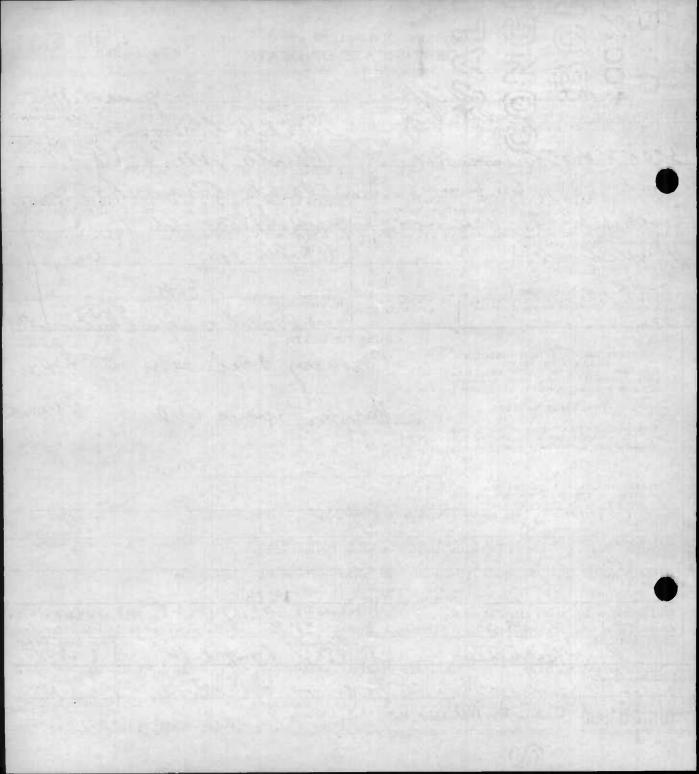
Registered No. 5758

NAME OF DECEASED Type or Print Pose Frank Hutaler	2. DATE OF DEATH	8.19.50
. PLACE OF BEATH: . Baltimore City, Maryland Balts Octor	4. USUAL RESIDENCE (Where decease lived, If insti	tution; residence before admission)
FULL NAME OF (If not in hospital or institution, give stret address of location)		ite RURAL and give
3008 Chotham Rd	Ballo md 15	- (Jownship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give ocation)	/
Days SEX 6.COLOR OR RACE 7. SMGLE, MARRIED.	8. DATE OF BIRTH OF 2 9. AGE (In years) I Under	1 Year II Under 24 Hours
emak While, Widowed (Specify	last birthday) Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR) INDUSTRY	1. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
House Clork	Ballo mal	5
S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	reca
es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	mies Hannit Weth 38	TEL Ma
18. LI 20 II . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and Andrews a	bout o
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	may occurren	Tws.
injury or complication which caused death.) DUE TO	spertrusuri CV.D.	
ANTECEDENT CAUSES	sertrusus CVD.	6 month
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
II (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (c. g.,	in or 21c. WHERE DID (If in Baltimore City, give	YES NO L
HOMICIDE (Specify) about home, farm, factory, street, office bldg.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from		at I last saw the
deceased alive on 1930, and that death occu		ate stated above.
g. Highstein M.D.	888 W. Lawlad H.	6.29-50
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or or	ounty) (State)
DATE RECEIVED BY A REGISTRAT'S SIGNATURE	25. FUNERAL DIRECTOR (AD	DRESS
914 NE3197950 Tuntuator Williams, MA	Paid In other of 10	128 tree

VS 150

7708)

930



1	5	5	
50		57	59

50	5759
50	0100
istored No	

50	575	9			EALTH DEPARTMENT	r 50 Registered No_	5759
В	IRTH NO.			CERTIFICAT	L OI DEATH		
	NAME OF D	orge F.	,	10Aman.		2. DATE OF DEATH June	29 1950
	PLACE OF D	EATH: City, Maryland			A. STATE	(Where deceased lived, If inst B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)		If outside corporate limits, wi	rite RURAL and give
		tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (1)		
5	SEX	6. COLOR OR RACE	7 SINGLE	Days Days	8. DATE OF BIRTH	I a same discount I would	1 Year K Under 24 Hours
r	nale.	white.	Widow	ED, DIVORCED (Specify)	O. DATE OF BIRTH	last birthday) Months	Days Hours Min.
1 C	OA. USUAL OC k done during most of	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY
13	B. FATHER'S	NAME		W	14. MOTHER'S MAIDEN		
1.5	Henr		Hoffin	an	Rosalie	· Witter	LWITLER
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	man 42.7E	Hlont
	18. 16	1 0		CALISE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA 5 not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e. g ans the diseas	e, (A) Asp	ination of Vo Postoperatively	mitus.	
		ANTECEDENT CAU	SES				
CATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
RTIFIC		н		(C)			
CER	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Autorinen	knotic cardio-u	ascular Disase	
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y	June	28 1950	Strang	ulated. rt i	nguinal hern	ea.	YES NO
1EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., i arm, factory, street, office bldg		(If in Baltimore City, give	exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUI	RY OCCUR?	
	ANDRA		m.	WHILE AT NOT WHILE			
	22 7 6 000 1	ar agustifu shart 7			ne 28 , 1950, to	See 35 10 52 11	
	desegged a	line on Trans	10 50	acceased from 194	rred at 6 2 Am., from	the savees and or the	at I last saw the
	23A. SIGNA		, 19		38. ADDRESS		ate statea above
	H. Cl	Merson In	ack	м. р.	University Has	rected	Zue 25/750
7	N, REMOVAL	CREMA- 24B, DATE pecify)	150	24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town, of a	ounty) (State)

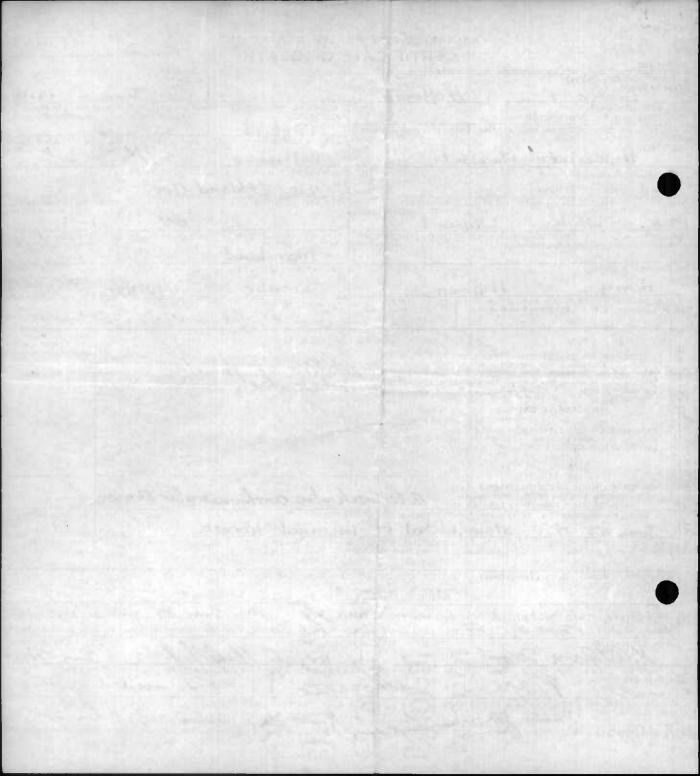
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 0 1950

REGISTRAR'S SIGNATURE

n It, Sh. man it

25. FUNERAL DIRECTOR

grahen Down 13,8 Eigh



CERTIFICATE OF DEATH

50 5730

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Sister Magdalen of St. Anastasia (Catherine Magner June 28,1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Convent of Good Shepherd I5 S. Mount Baltimore 23 D. STREET ADDRESS (If rural, give location) Yrs. Mos. rth of stay in Baltimore I5 S. Mount St Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Fem. single July 28 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTR WHAT COUNTRY Home Sewing Baltimore Md. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Magner Julia Lenchan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no er unknown) (If yes, give war or dates of service) SECURITY NO. No None Sr. Mary of St. Veronica S. Mount St INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO s agetans ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or HOMICIDE (Speeify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 215. TIME (Month) (Day) (Year) (Hour) NJURY WHILE AT NOT WHILE WORK . 198 that I last saw the 22. I hereby certify that I attended the deceased from. , 1950, and that death occurred at 130 Pm., from the eauses and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 24B. DAT 25. FUNERAL DIRECTOR ADDRES DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JUN 28 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Incation' TOWN (If outside corporate limits, write RURAL and give INSTITUTION IONNS HOPKINS HOSPITED umo ADDRESS_ df rural, give location) Yrs. Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) If Under | Year last birthday) Months Days Hours Min. WIDOWED! DIVORCED (Specify) edoure! 50 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR HPLAGE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Lousewill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown annie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., ... Cerebral hemorrhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertansive + arterioselerotic ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING Cardio-vascular disease RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that Lattended the deceased from. 1900, that I last saw the deccased alive on 6.28, 1960, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRÉS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 240 NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) em ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DURECTOR LOCAL REGISTRAR

was the The state will be the was

VS 150

11299. Caroline

and the second A STATE OF THE STA in from the Specimorand landing Sit substitution & Westing H contill interest who all A COLD THE SECTION

BALTIMORE CITY HEALTH DEPARTMENT

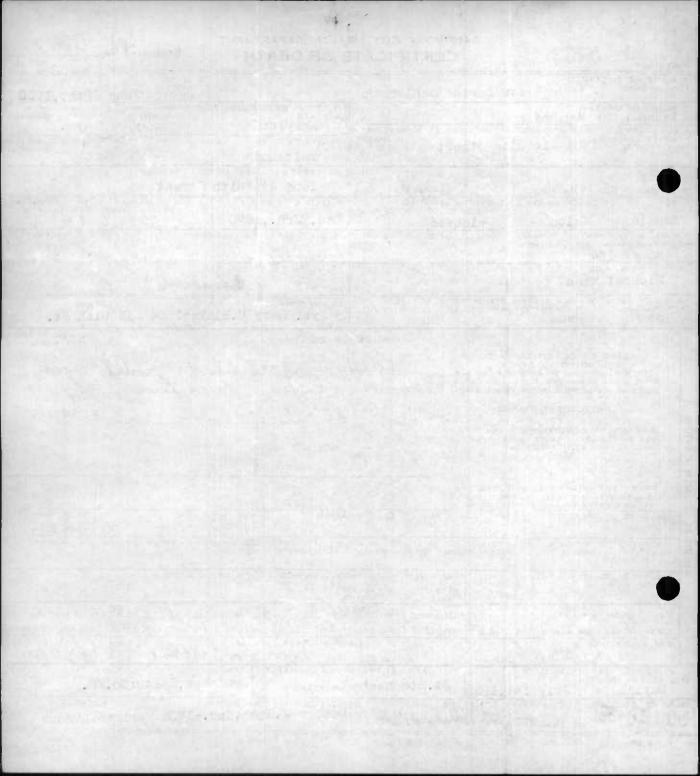
50 5762

				ERTIFICAT	E OF DEAT	TH	Registered N	0	
=	RTH NO.				A				
	NAME OF DI ype or Print)	ECEASED	100.	William	Scho		OF EATH	0.28-19	50
	PLACE OF DE Baltimore C	EATH: City, Maryland	1		4. USUAL RESID			institution : residence before admis	
10	FULL NAME OSPITAL OR	OF (If not in hospi	al or institutio	n, give street address location	c. CITY OR TOW	Augas N (If outside	e orporate limits	wate RURAL Wind	
1)	3303 X	ucker	t ave	13	altimo	ue give location)	tuwn	ship
	th of st	tay in Baltimore		Yrs. Mos. Day		Teuch	est le	Evenue	
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRT	9. A	GE (In years fi ast birthday) Mor	Under I Year II Under 24 nths Days Hours	Hours Min.
0	A. USUAL OC	CUPATION (Give kind of working his given if retired	108, KIND		1. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	
6	roner	roce	ey si	ore INDUSTR	Talte	nine	md.	WHAT COUN	IRY
3	PAIHERS		10	lela.	14. MOTHER'S M	AIDEN NAME	1.10:	4)	
	. WAS DECEASE	D EVER IN U. S. IRME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Som	AJ	BRESS	
_					Mis Mi	mie m	. Scha	um Sam	2
	/	7. 7	DIRECTIV	CAUSE	OF DEATH	1: 1		ONSET AND D	EAT
	(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e.g. ans the disease		to Conge	estive he	eart	6 how	R.
		ANTECEDENT CAL		(B)	Prosic M	ujo Care	liaf		
	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L) STATING THE		disease	el			
		11		(C)					
	TRIBUTING	IGNIFICANT CONE	NOT RELATED						
J		F OPERATION		FINDINGS OF OPE	RATION			20. AUTOPS	Y ?
	21A. ACCIDE	NT. SUICIDE.	218. PLAC	CE OF INJURY (e.g.	in or 21c. WHERE	DID (If in I	Baltimore City, g	ive exact location)	- h
		(Specify)		rm, factory, street, office bldg					
	21b. TIME (Month) (Day) (Year	w	1E. INJURY OCCUR	E	D INJURY OCC	UR?		
	22. I hereb	y certify that I at		leceased from		B. to June	24 . 195	that I last sau	o th
	deceased al	ive on		nd that death occ	urred at 11 3. m	~ []		e date stated ab	ove
	23A. SIGNAT	Emes 2	thite.	м. D.	5214	Harpro	Wa.	29 my 5	PED
2	AA. BURIAL.	REMA- 24B. DATE	100 2	4c. NAME OF CEMET	ERY OR CREMATOR	Y 240. 10CAT	ON (City, town,	or county (St	ate)
	ATÉ RECEIVEI DCAL REGIST		S SIGNATUE	xouds	25. EUNERAL DI	RECTOR	1	ADDRESS /	
	IUN 3019	350 rimita	ator I'M	LANGE INCOME	Leman	Luck	_5305	Varjon	ol
	VS 150		100	ame great to a		/		1-	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 5763

81	RTH NO.						
1. (T)	NAME OF DE		a Bertl	na Schlereth		2. DATE OF DEATH J	une 28th, 1950
A. B.	PLACE OF DE Baltimore C FULL NAME O SPITAL OR STITUTION	ity, Maryland		on, give street addres locati	A. STATE Maryland	ENCE (Where deceased live B. COUNT) (If outside corporate	d. If institution: residence
c.	egth of st	ay in Baltimore			I604 Ais	ess (If rural, give location quith Street	1)
	Female	6.COLOR OR RACE White	Wido	MARRIED, ED, DIVORCED (Spe DWOO	B. DATE OF BIRTH Dec.23rd.,I	9. AGE (In year last birthday) 79	Months Days Hours Min.
ork	Housewing most of		10s, KIND	OF BUSINESS OR INDUST		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Michael	Klan			14. MOTHER'S MA	Hulenown)	
5	. WAS DECEASE , no or nuknown) NO	D EVER IN U.S. ARMEI (If yee, give war or date None	FORCES? of service)	16. SOCIAL SECURITY NO None	Mrs. Mary	C.Blake-I604 A	ADDRESS isquith St.
ENTITION	DISEAS (This does heart failur injury or DISEASES RISE TO THE UNDERLY)	I E OR CONDITION LEADING TO DEA' not mean the mode of the complication which of the complication that the complication is a complication of the complication	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH STATING TH STATIONS CON NOT RELATE	(B)	alleise	despertion	onset and death
1				FINDINGS OF O	PERATION		20. AUTOPSY?
MEDIC	HOMICIDE	NT. SUICIDE, (Specify) Month) (Day) (Year)	about home, f	ACE OF INJURY (e. arm, factory, street, office bi	IRRED 21F. HOW DID		ity, give exact location)
	22. I hereby deceased all 23A. SIGNAT		ended the		Morch 9, 1950	e, to Tune 4, 1, from the causes and o	950, that I last saw then the date stated above
24	A. BURIAL, CON. REMOVAL (S) Burial			24c. NAME of CEM	s Cemetery	Bradshaw, Balto	:Co.Md.
	ON BEDIE	REGISTRAR	Am Mi	liams, M.	George J.Ru	естоя th, Inc1735 Har	ADDRESS rford Avenue
	VS 150	244	10 June of Police	A STANDARD STANDARD CO. N. A.			930



-	246			(cres)			50	EMOS
)(BI	576	ALR. O		TIMORE CITY HE	E OF DEATH	Registered		5764
1. (T	NAME OF D	ECEASEO BA	BY (BOY FIES	LER	2. OATE OF DEATH	29-	50
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V			: residence ore admission)
	FULL NAME	OF (If not in hosp	pital or instituti	ion, give street address or location)	c, CITY OR TOWN (If	outside corporate limi	to unito D1	TDA Candadas
	STITUTION	Univer	notes.	Hasp	Belt.	outside corporate limi	us, write Kt	township)
c.	Ogth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	27-	2
-	SEX //	6. COLOR OR RAC		MARRIED. 'ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. Age (In years ast birthday) M	If Under 1 Year onths Days	Hours Min.
10 orl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CTTIZ	ZEN OF T COUNTRY?
13	FATHER'S	LAME // /	E	0.	14. MOTHER'S MAIDEN N.	AME		
15	. WAS DECEAS!	D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	2000	oo per		
	s, no or nnknown)	(If yes, give wer or d		SECURITY NO.	17. INFORMANT	V	DDRESS	
	18. 77	6× .	SIELLI,	CAUSE	OF DEATH			VAL BETWEEN
	DISEA	SE OR CONDITION			D		O.I.S.	
	heart failu	not mean the mod- ire, asthenia, etc. It n complication which	e of dying, e. g icans the diseas	e,	Tremslurit	7	/.	
		ANTECEDENT CA	USES					
MOILY	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH					•••••
7				(C)		•••		
באם.	TRIBUTING	II SIGNIFICANT CON TO THE DEATH, BI	T NOT RELATE	ED .				
נ		F OPERATION		FINDINGS OF OPER	RATION		20.	AUTOPSY?
2	214 ACCIDE	INT SUICIDE	1 210 DI A	CE OF IN HIPY (:	n or 21c. WHERE DID (If in Baltimore City,	YES OVER	No 4
בייון	HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		ir in Dartimore City,	give exact	locations)
	D. TIME	Month) (Day) (Yes	,	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?		
	22. I hereh	y certify that I c	m.	deceased from	22-,1950 to 6	- 20 195	Shat 1	last saw the
	deceased a			and that death occur		the causes and on t		
	23A. SIGNA	TURE	1 24	111	3B. ADDRESS	- Hoop	23c. D.	ATE SIGNED
2	4A. BURIAL.	CREMA- 24B. DATE	. 2/1	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county	(State)
TH	PHI REMOVAL (S	pealty)	V	Post Con	retern 1	East M.	ande	MI
D	ATE RECEIVE		R'S SIGNATO		25. FUNESAL OIRECTOR	1 : 1: -	ADDRES	SS
X	A1290	The summe	aton / Yell		Trans	The M	ewel	1
	VS 150	•	, 1459	Are mally disease the	P	Kewa 2	7. 7	nd:

Arm in Statustro Rd, Pekernike Cutyruncut Standby som in comby

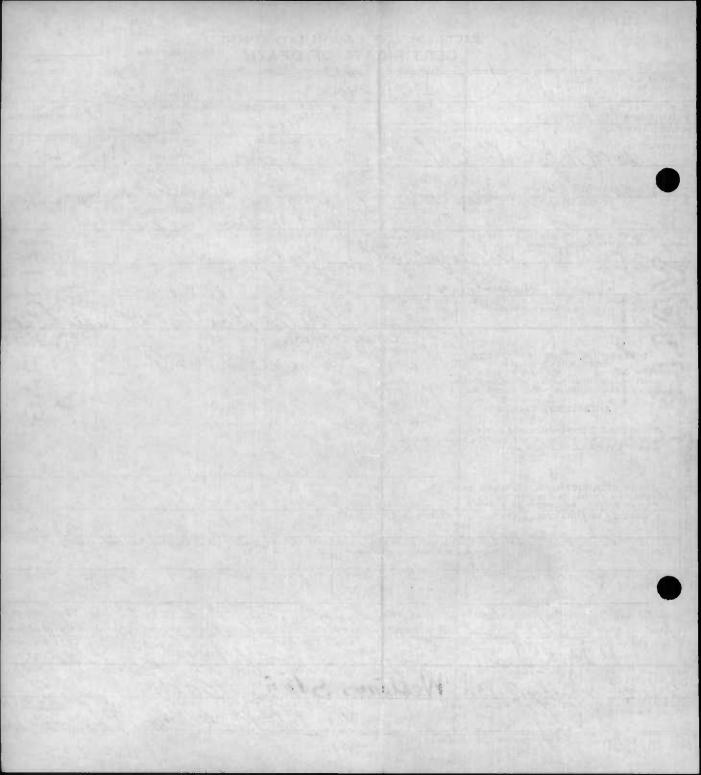
432					
11/201	NA PARAMETER STATE OF THE STATE	BALTIMORE CITY	HEALTH DEPAR	TMENT	50 5785
BIRTH NO.	5 WATHE	DAALE K.	ATE OF DEAT	H Registered	No.
1. NAME OF (Type or Print			ziei	2. DATE OF DEATH	29/50
3. PLACE OF A. Baltimore	DEATH: City, Maryland			DENCE (Where deceased lived, I) B. COUNTY	f institution : residence before admission)
B. FULL NAM HOSPITAL OF	E OF (If not in hospital o	r institution, give street addr	42	nas 1	
INSTITUTION		General Hora	c. CITY OR TOWN	note (If outside corporate limit	ts write HURAL and give township)
c. gth of	stay in Baltimore	78	Vrs. o. STREET ADDR	ESS (Foural, give location)	A Ane 31
5. SLX	6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORGED IS	8. DATE OF BIRT	(a clast hirthday) (M.	if Under 1 Year on the Days Hours Min.
10A. USUAL C	occupation (Give kind of stof working life, even if retired)	DB. KIND OF BUSINESS C		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	GARBAR	14. MOTHER'S M.	AIDEN NAME	
15. WAS DECEA	SED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL	17. INFORMANT	0 . C A	DDRESS
			Waller Kot	odgref 2/33 Co	embudge at
7	0.0		SE OF DEATH		INTERVAL BETWEEN ONSET AND OEATH
	ASE OR CONDITION DIS LEADING TO DEATH ses not mean the mode of d	(Join	erized orien	inslerosic	T
heart fa	lure, asthonia, etc. It means to or complication which cause	he disease.	erebralort	emo 3 leros is	
	ANTECEDENT CAUSES		propary	nsafficiency	7
DISEAS	ES OR CONDITIONS, IF AN	IY, GIVING	11. 10215	one hear a Dec	136
UNDER	LYING CONDITION LAST.	(C)	abelés mo	Milus & aux	vis 7
TRIBUTI	II SIGNIFICANT CONDITION NG TO THE DEATH, BUT NOT OUSEASE OR CONDITION CA	RELATED NOOLO	nsive condiava	sculo diseo	
19A. DATE	OF OPERATION 198.	MAJOR FINDINGS OF	PERATION		20. AUTOPSY?
	OR CONTRIBUTING ab	21B. PLACE OF INJURY (out bome, farm, factory, street, office	e. g., in or 21C. WHERE I bldg., etc.) INJURY OCCU		give exact location)
21b. TIME 95 INJUR	(Month) (Day) (Year) (Ho	WHILE AT NOT	URRED 21F. HOW DIE	O INJURY OCCUR?	
22. I here	by certify that I attend		7	70 6-29,195	that I last saw the
deceased	alive on 6-29, 1	and that death	occurred at 5 %m	., from the causes and on t	he date stayed above.
23 7 SIGN	elies to	wia adle	23B ADDRESS G	accel Kas	230. DATE SIGNED
24A. BURIAL	Specify	24c. NAME of CEM	ETERY OR CREMATORY	24D. LOCATION (City, town	, or county) (State)
BURNAG	DUCY 3-19.	SO HOLY RI	SARY	BALTIMORE	CLUNTY Md
LOCAL REGIS	ED BY REGISTRAR'S S	IGNATURE	25. FUNCAL DIE	a B Moles 70	ADDRESS
VS 150	win on	Control of the state of the sta		a, porta la	61
					0

ANDREW ARE KINDERNA Size to leave the desirence of Control of the control of the control ACCOMPANY TO A STREET TO A PORT OF PARTY Company of But of the THE PERSON NAMED IN THE PERSON OF THE PERSON

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5766 Registered No.

BIRTH NO.	- 1		
1. NAME OF DECEASED (Type or Print)	anulon	2. DATE OF DEATH	F 50
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	E (Where deceased Myd. If in	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR INSTITUTION), MAY A MAY A	reet address or location) C. CITY OR TOWN	(If outside corporate limits,	white RURAL and give
1606/11 Cullop St	Bult	- My 11	f = O Ltownship)
c. Ligth of stay in Baltimore L. Lo	Yrs. Mos. Days 1606	(If rural, give loogtion)	•
5. SEX 6. COLOR OR RACE 7. SINGUE, MARRII WIDOWED DIVO	D. I 8. DATE OF BIRTH	9. AGE (In years 1) last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUS or ork done during most of working life over if retired)	INESS OR 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDE	My I	, WA
Win Hamilton	South.	Zour cener	11
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoowo) (If yes, give war or dates of service) SEC	URITY NO. 17. INFORMANT	transition me	DRESS 16061X
18. 002X.	CAUSE OF DEATH	X / I	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulan	he he untoles	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	to a man	radayyez	-
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	то		
11 (C)		
OTHER SIGNIFICANT CONDITIONS CON-			
19A. DATE OF OPERATION 19B. MAJOR FINDING			20. AUTOPSY?
21A. ACCIDENT. SUICIDE, 21B. PLACE OF IN about home, farm, factory,		(If in Baltimore City, gi	ve exact location)
Σ		THEY OCCUPA	
INJURY m. WHILE AT	RY OCCURRED 21F. HOW DID IN	JOH! OCCUR!	
22. I hereby certify that I attended the deceased	// 4.11	0 6/2 5 , 180	that I last saw the
deceased alive on (), 1950, and that	death occurred at fm., fr	om the causes and on the	
BM & felle or	- M.D. 2/39 Went	Hill an	23c. DATE SIGNED
24A. BURIAL CREMA- 445. DATE 24C NAM	CONTRACTORY 2	4D. LOCATION City, town,	State
DATE RECEVED BY REGISTRANS SIGNATURE	25 MUNERAL DIRECT	90 //	ADDRESS 322
- In William	Mrs Jake 1	Milliams 11.	soprordy St
UN 3-0-1950	308V9		133
4 " 3 34 miles			



LC 139671 BIRTH NO.	400	5767
1. NAME OF		D 1/177

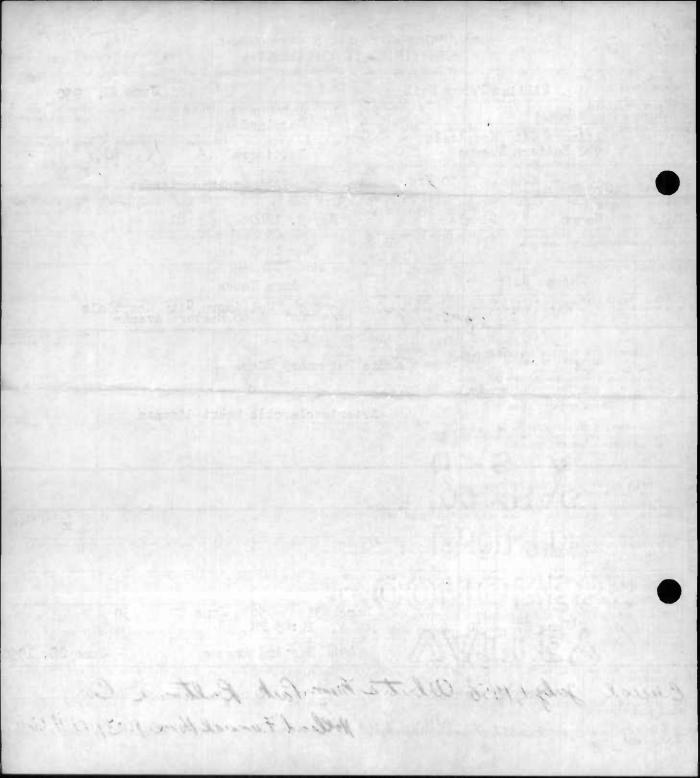
William Perry Neil

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5767 Registered No ...

2. DATE

OF June 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBALT imore City Hospitals location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 30 Yrs. Mos. 1044 Stockton Street gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours Min. May 3, 1869 Male Negro 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Neil Anna Busce 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANBaltimore City Hospt Palss Records 4940 Eastern Avenue (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH 20,0 ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Pulmonary Edema (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic heart disease CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from March 31 1950 to June 27 1950, that I last saw the June 27 19 50 and that death occurred at 10:45 PM from the causes and on the date stated above. 238, ADDRESS 4940 Eastern Avenue 23A. SIGNATURE June 28, 1950 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR



REA- 1371050

BIRTH NO.

I. NAME OF DECEASED (Type or Print)

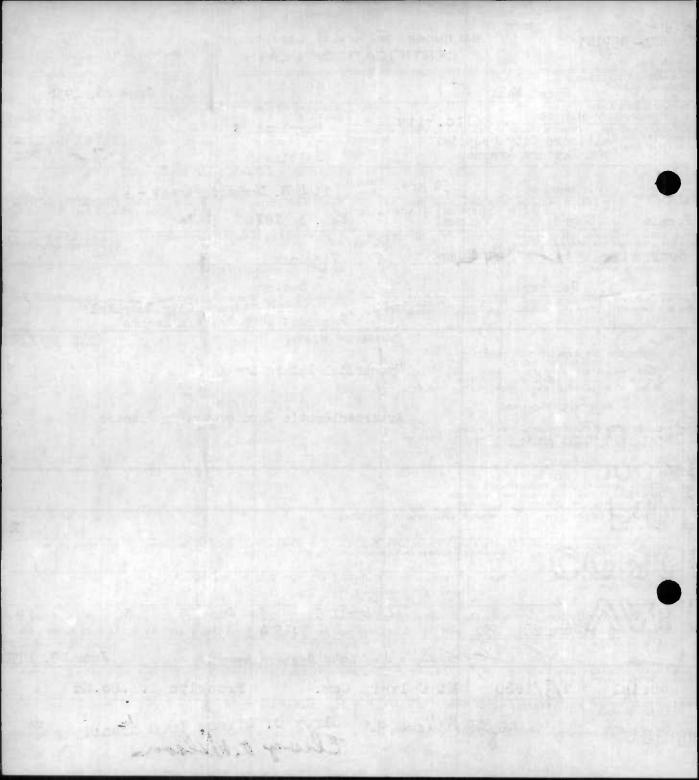
Som

5768 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5768 Registered No.

2. DATE

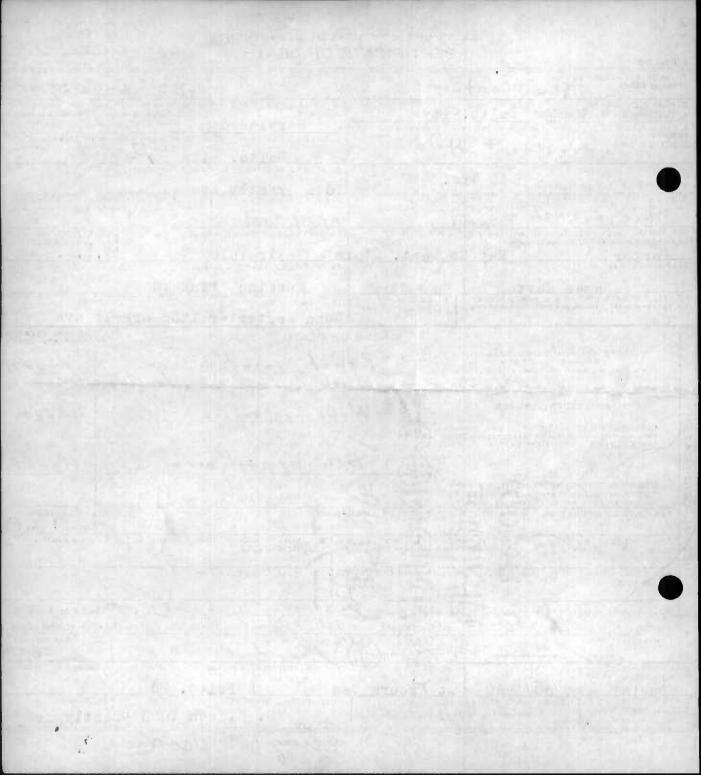
saran we	eathers		DEATH June 28, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto City	4. USUAL RESIDENCE (Whe	re deceased lived. If institution : residence	
B FULL NAME OF (If not in hospite	I on in atitude of the land of the land	A. STATE B. COUNTY before admission) Maryland		
HOSPITAL OR Baltimore Cit;	y Hosptial location)		tside corporate limits, write RURAL and give	
HOSPITAL OR Baltimore City INSTITUTION 4940 Eastern 1	Avenue	Baltimore	3-07 township)	
	Yrs.	D. STREET ADDRESS (If rur	al, give location)	
c. gth of stay in Baltimore	50 yrs. Mos. Days	1144 E. Lombard	Street - 2	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.			
Female Negro	WIDOWED, DIVORCED (Specify) Widowed	Feb. 6 1878	AGE (In years Under Year H Under 24 Hours Months Days Hours Min.	
10A. USUAL OCCUPATION (Give bind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF	
work dooe during most of working life, even if retired) Housewife	At Home and INDUSTRY		USAWHAT COUNTRY?	
13. FATHER'S NAME		Virginia 14. MOTHER'S MAIDEN NAME		
Godfrey				
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	Bettsy		
(Yes, no or uoknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANBaltimore	City Hosp Ptg Iss	
		Records: 4940 East	ern Avenue	
18. 420.1	CAUSE	OF DEATH	INTERVAL BETWEEN	
DISEASE OR CONDITION DEAT	DIRECTLY			
(This does not mean the mode of	dying, e.g., (A) MYOCATO	lial Infarction		
heart failure, asthonia, etc. It mear injury or complication which ca	is the disease, sused death.) Due to			
ANTECEDENT CAUS	Ee			
		sclerotic Cardiovas	mlar Disease	
DISEASES OR CONDITIONS, IF	ANY, GIVING			
UNDERLYING CONDITION LAS	STATING THE DUE TO			
	(C)			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT THE DEATH N				
OTHER SIGNIFICANT CONDIT	TIONS CON-			
O TO THE DISEASE OR CONDITION	CAUSING IT.			
J 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING			YES NO	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		Baltimore City, give exact location)	
CAUSE OF DEATH		Mooki Ceebki		
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	2 1F. HOW DID INJURY O	CCUR?	
MOOKI	m. WHILE AT NOT WHILE			
22. I hereby certify that I atte	THE WORK - AT WORK -	11 5 10 50 dane	28 , 1950, that I last saw the	
deceased alive on June 28	1050 and that doubt seem	7:15 A from the	causes and on the date stated above.	
23A. SIGNATURE	, 1920. and that death occur	3B. ADDRESS	23c. DATE SIGNED	
As.	/ /	1940 Eastern Avenue	June 28, 1950	
24A. BURIAL, CREMA- 24B. DATE	M. D. L	RY OR CREMATORY 240. LOCA		
Burial 7/1/19	24c. NAME OF CEMETER	RY OR CREMATORY 240. LOCA		
DATE RECEIVED BY I REGISTRAR'S	24c. NAME OF CEMETER	Cem. Brook	ATION (City, town, or county) (State) LIN A.A.CO.Md ADDRESS	
DUT181 7/1/198	24c. NAME OF CEMETER Mt Calvery SIGNATURE	Cem. Brook	ATION (City, town, or county) (State) LIN A.A.CO.Md ADDRESS	
DATE RECEIVED BY I REGISTRAR'S	24c. NAME OF CEMETER Mt Calvery SIGNATURE	Cem. Brook	ATION (City, town, or county) (State) LIN A.A.CO.Md ADDRESS	
DUT181 7/1/198	24c. NAME OF CEMETER Mt Calvery SIGNATURE	Cem. Brook	ATION (City, town, or county) (State) LIN A.A.CO.Md ADDRESS	



VS 150

5063 Eliny D. Wilson

3/2



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH R	egistered No.	
1. NAME OF DECEASED (Type or Print)	Hill	2. DAT OF DEA		
a. Baltimore City, Maryland Balto.	City	4. USUAL RESIDENCE (Where dece	ased lived. If institution: residence COUNTY before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION ONNS HOPKINS HOSPI	ution, give street address or location)		proprate limits write RURAL and give township	
c. Ogth of stay in Baltimore 35 ¥	Yrs. Mos.	D. STREET ADDRESS, Alf rural, give	e location)	
	Days LE. MARRIED. MED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last h	(in years Munder Yaar Munder 24 Hours Min	
10A. USUAL OCCUPATION (Give kind of lob. KIN work done during most of working life, even if retired)	ID OF BUSINESS OR	Dec , 8 . 1896 11. BIRTHPLACE (State or foreign cour.	ntry) 12. CITIZEN OF	
Housewife At Home			ginia U.S.A.	
Quincy Briggs		Unkown	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADDRESS	
No	SECURITY NO.	JOHNS HOPKINS HI	DSPITAL	
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT RELA	es, (A)Certh	tanive rarterioscler cardiovascular disc	oh c	
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING	TED			
19a, DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Balt: etc.) INJURY OCCUR?	imore City, give exact location)	
ZID. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		7	
22. I hereby certify that I attended th		6-28- 1900, to 6.78	, 1900, that I last saw th	
deecascd alive on 25, 1960	and that death occur	rred at 9 m., from the cause	s and on the date stated above	
24A. BURIAL. CREMA- 24B. DATE	M. D.		(City, town, or county) (State)	
7/3/1950	Arbutus Mem	547.00		
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Elroy Wilson 1000 Brantly Ave				
IUIV 3 U Par I Santaratar	Welle mosted Mills	-110y - Wilson 1	occ -rantly Ave	

VS 150

Elioy o Wilson

Cerebral hemorphase

Hyperlansive + arteriosclarotic
cardiovascular disease

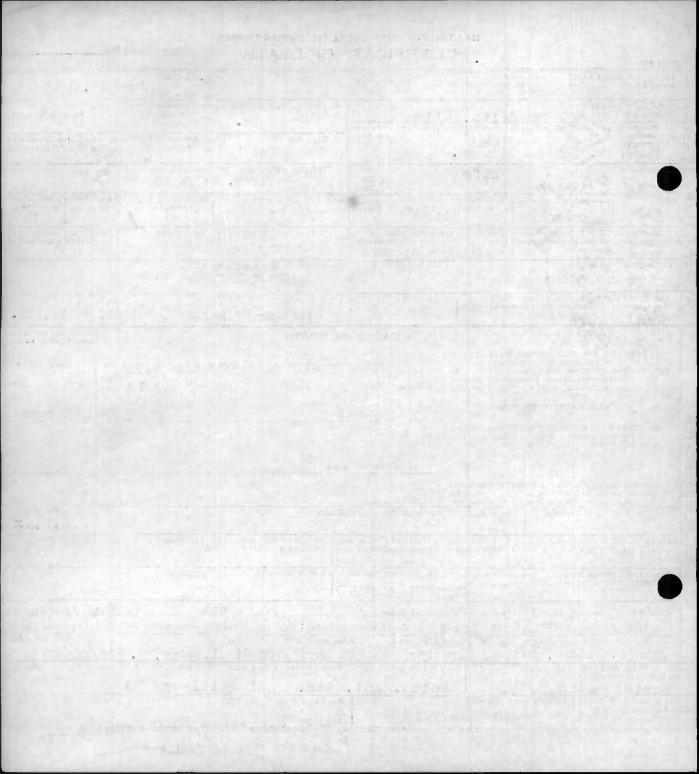
LANGE TOUR OFF

20 1 3.016

Linvatu: CJ. CV moillicus

6-29-50

50 5771 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) PERCY OFFER June 27 . 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or US Marine Hospital (If outside corporate limits, writt RURAL and give C. CITY OR TOWN INSTITUTION Wyman Pk. Drive & 31st St. Baltimore D. STREET ADDRESS (If rural, give location) Mos. 212 N. Wolfe Street igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10/28/08 colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland Baltimore Signal Laborer USA 13. FATHER'S NAME Depot 14. MOTHER'S MAIDEN NAME Harry Offer Pearl Wallace 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or nnknown) SECURITY NO. Yas Records- US Marine Hospital, Balto, Md. Wre INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Uremia 22 days (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL ND K 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE ATT June 5 . 1950, to June 27 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on June 37, 19 50, and that death occurred at 9:20P m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED John L. Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 24A. BURIAL, CREMA 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Baltimore Md Balto. Nat. Cem. Burial 7/3/1950 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Santiator Hilliams, Mill Wilson Iooo Brantly Elroy O VS 150



5772 REA-133647

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5772

Registered No. BIRTH NO. 1. NAME OF DECEASED of June 28, 1950 (Type or Print) Katie Mueller 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF all into in hospital or institution give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Avenue Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) L ife 129 N. Fulton Avenue Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) Single (Specify) last birthday) Months: Days Hours: Min. Female White April 3, 1878 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unkoowo) (If yes, give war or dates of service) 16. SOCIAL Records: 4940 Eastern Avenue SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the Stomach (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., io or ! 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 11-21 1949, to 6-28 . 19 50 that I last saw the deceased alive on 6-28 1950 and that death occurred at 6:15Pm., from the causes and on the date stated above, 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED June 29, 1950 4940 Eastern Avenue CREMA-248. DATE 24c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

LOCAL REGISTRAR VS 150

RECEIVED BY

SIGNATURE

TAVAIAL 7-1-15. Hery Kedrementing Pelane have int This of Kerryy- law Her Hauns hi

612 BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. CERTIFICATE OF DEATH	Registered No.
(Type or Print) MR. WILLIAM .H. KREBS	OF 6-19-1950 DEATH
	(Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN	If outside corporate limits, write RURAL and give
40 ST. Agnes Hospital Woodland	Beach-Pasadena township) If rural, give location)
c. gth of stay in Baltimore Days	5200
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 000 - 5-1903	
10a. USUAL OCCUPATION (Givekind of overline dispersion) 10b. KIND OF BUSINESS OR INDUSTRY	foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN 12. MOTHER'S MAIDEN 14. MOTHER'S MAIDEN	La Priller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	EMOSIS
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, (arm, factory, street, office hldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY MILE AT WORK AT WORK	RY OCCUR7
22. I hereby certify that Lattended the deceased from 6/2, 1950, to	
deceased alive on 6/29, 19 57, and that death occurred at 5: 5 Am., from 23A. SIGNATURE 23B. ADDRESS M.D. 23B. ADDRESS	the causes and on the date stated above. 23c. DATE SIGNED
24A. BURYAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D.	COCATION (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUN 3 0 1950 LINUTURE LINUTURE LOCAL REGISTRAR LINUTURE LOCAL REGISTRAR LOCAL R	les Jus. 2432 & Olive St.
VS 150	1310

5.25

BALTIMORE CITY HEALTH DEPARTMENT

Hught

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) \$ 4. USUAL RESIDENCE (Where deceased lived, if institution, residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate thits, write RURAL and give C. CITY OR TOWN INSTITUTION township (Arural, give location) Yrs. D. STREET ADDRESS Mos. th of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 108 KIND OF BUSINESS OR BIRTHPLACE (State or foreign fountry) 10. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 12, CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDAN NAME DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL DORESS Yes. no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL NO 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK that I last saw the 19 57 to. 22. I hereby certify that I attended the deceased from. deceased alive on few 28, 19 17, and that death occurred at. m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) BURIAL, CREMA 24C, NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) NUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY LOCAL REGISTRAR huitre VS 150

he seem trede and st

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Linda PARKER June 29 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days Conklin St. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. FEMALE 2-9-1950 Single 1 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Parker Lillian L. Lamke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Lillian L. Parker 124 S. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Otitis media, acute, bilateral (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL 2 Ic. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR . 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 7-1-50 Oaklawn Eurial Baltimore DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Baltimore 23000 E. V S 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) 6-29- 50 Mary Wacker DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Baltimore . Md. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside apporate limits, write RURAL and give INSTITUTION 525 S. Curley Street township) Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 525 Curley Street rth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last bithday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 6-11-91 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWITE INDUSTRY WHAT COUNTRY? Bal timore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Rachuba Mary ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uoknowo) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT 7. INFORMANT Frederick Wacker-525 \$ S. Curley Street SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH enteneme Cardio Varcular DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., annula februar heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that a attended the deceased from 5 11. 19 Othat I last saw the 8.15 m., from the eauses and on the date stated above 1950 and that death occurred at_ deceased alive on. 23B. ADDRESS 23C DATE SIGNED BURIAL, CREMA-248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL Specify Oak Lawn Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE hutuator / Villands, Me

25. FUNERAL DIRECTOR

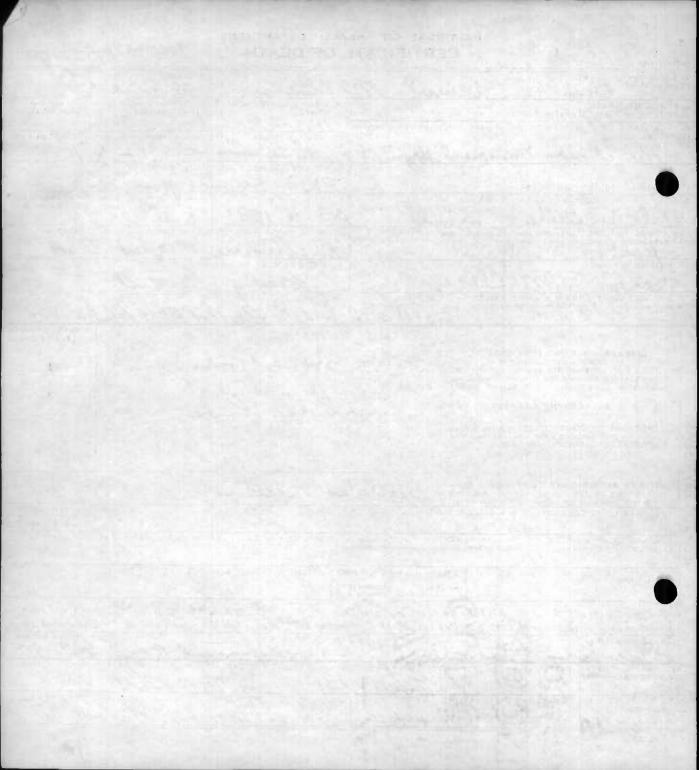
ADDRESS

Lilly & Zeiler , Inc. 403 S. Wolfe Street

SEC. CHILD SERVE About 8 william . D. S. C. Control Street Courses and meeting acquisition to the to all sales of its and, miles of the to

24	6
50 BIRTH NO	5777
BIRTH NO	
1. NAME (Type or Pr	of DECEASE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE Charlos Stewar DEATH 0 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR, OR RACE 9. AGE (In years) H Under 1 Year 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Mln. 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 213 A SUNTRY work done during most of working life, even if retired) INDUSTRY Koofen 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (You no or nuknown) (If you give SECURITY 20-01-INTERVAL BETWEEN USE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO ERTIFICAT UNDERLYING CONDITION LAST. setes mellitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ebout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE ATT AT WORK WORK leceased alive on June 39, 1950, and that death occurred at 100 m., from the cause and on the date stated above. 230 DATE SIGNED SASIGNATURE CEMETERY OR CHEMATORY EMOVAL (Specify) DATE RECEIVED BY EUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

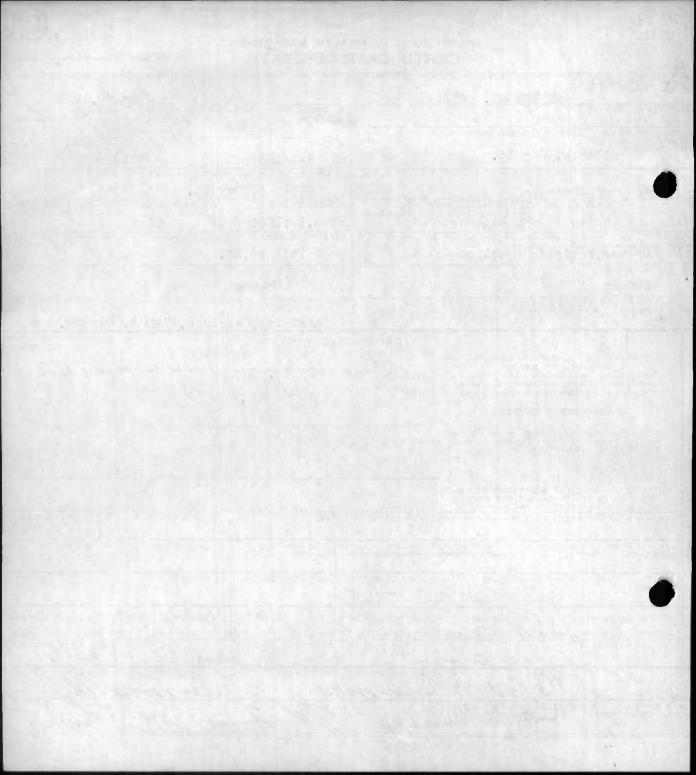


BALTIMORE CITY HEALTH DEPARTMENT

50 5778

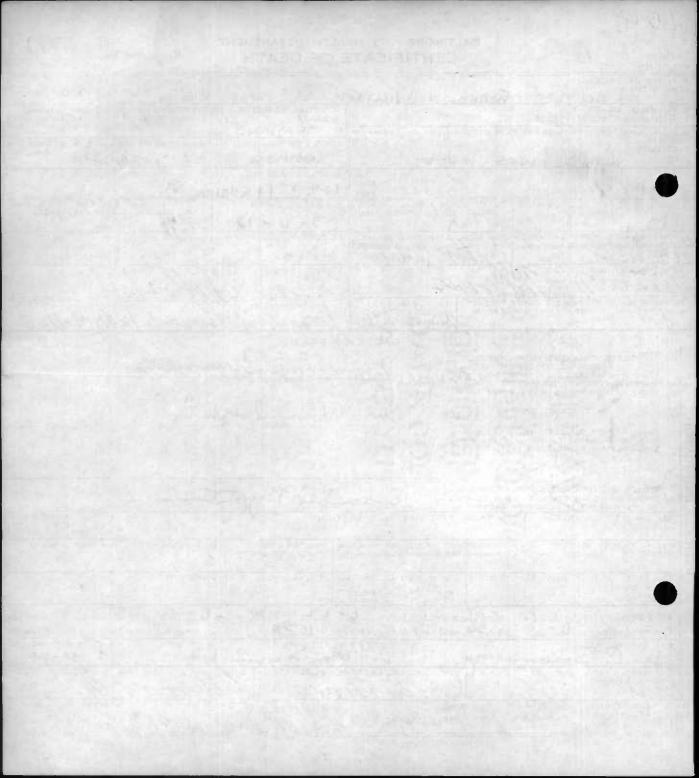
Registered No-

	(0)		CERTIFICATI	E OF DEATH	Registered	No.
BIRTH NO.						
1. NAME OF I (Type or Print)	DECEASED ALFRED	R. S	PROUL	ē	2. DATE OF DEATH JUN	e 30,1950
	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)	A	outside corporate lin	nits, write RURAL and give
NOITUTION	1740 N. Gay	St.		Baltimore	8 -	o township)
			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
c. I th of	stay in Baltimore		Days	1740 N. Gay	St.	
5.sex Male	6.COLOR OR RACE White		MARRIED. ED, DIVORCED (Specify)	Feb. 17, 1884	9. AGE (in years last birthday)	H Under I Year H Under 24 Hours Months Days Hours Min.
	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	1 12. CITIZEN OF
Taxi Driv	er, retired		Cab Co	Baltimore, Md.		WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN N.	AME	
Unkno	wn			Unknown		
15. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give war or date	or service)	SECURITY NO.	Adelaide Garr	ison 1740 N	. Gov St.
18. 00			CALLOR	OF DEATH	10011,1110 11	INTERVAL BETWEEN
DISEASE RISE TO UNDERL	LEADING TO DEA' s not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	of dying, e. g ns the diseas saused death SES F ANY, GIVIN STATING TH ST.	(B)	lmanary (Juliacul	one 1 yr.
TRIBUTIN	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.0			
			FINDINGS OF OPER	ATION		20. AUTOPSY?
Ķ						YES NO
21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		If in Baltimore City	, give exact location)
219 TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
		m.	WHILE AT NOT WHILE		/	
22. I hereby certify that I attended the deceased from May 15, 1950, to June 30, 1950, that I last saw the						that I last saw the
deceased alive on Ass. 1950, and that death occurred at JA m., from the causes and on the date stated above.						
23a SIGNATURE // 23c ADDRESS 23c DATE SIGNED						
	Jaco	6 Ju	steed M. D.	1820 h. 100	pl. 20.	6/30/50
MM W	PREMA- 24B. DATE	50	Dally	RY OR CREMATORY 240	CLUMO	(n. or county) (State)
DATE RECEIVE LOCAL REGIS	TRAR	S SIGNATU	Mianus, M. 18	25. FLINERAL DIRECTOR	0/211	Faul &
Vs 150	SPILL STATE	-47-18-52-18	Company of the Compan		1001	120
		's coi mold	4)	7)(1/		1517

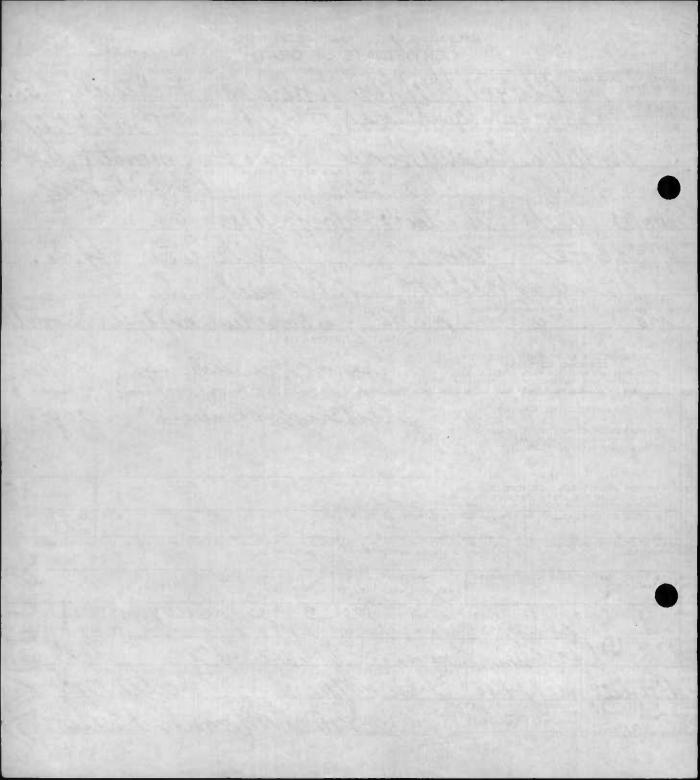


	5779	BALTIMORE CITY HE		Registered No.	5779
В	IRTH NO.	CERTIFICATE	E OF DEATH	negistered no.	
T)	NAME OF DECEASED Type or Print) MR HOWARD	BAKKIN MILLIAN		OF DEATH	0-50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins B. COUNTY	stitution : residence before admission)
	FULL NAME OF (If not in hospital or OSPITAL OR	institution, give street address or location)	MARYIAND		
	NSTITUTION		BAUTIMORE (If ou	itside corporate limits,	write HURAL and give township)
-	4 BON SECOURS	HUSPT.	D. STREET ADDRESS (If rus	ral, give location)	
c.	gth of stay in Baltimore	Mos. Days	124 5 M Adeir	a ST.	
5.	. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Un last birthday) Mont	der I Year It Under 24 Hours hs: Days Hours: Min.
	MOW	M SON ED, DIVORCED (Specify)	7-6-12	37	is Days Hours Mill.
1 C	A. USUA OCCUPATION (Give kind of k donk during most of working life, even if retired)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 12	2. CITIZEN OF WHAT COUNTRY?
/	onductor 40	men Calmod	M 9.		
تها	TEATHORIS, NAME		14. MOTHER'S MAIDEN NAM	re //	
4	Jaeur 11 /full	oms	Ann of	ofrocher	
Ye	5. WAS DECEASED EVER IN U.S. ARMED FO (If yes, give war or dates of se	ervice) SECURITY NO.	17. ANFORMANT	ADD ADD	RESEAL ST
_	W	103-12-4365	vou 2 min	oma 124	o garena
	18. 592 X		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	ECTLY	ma E Jene	moditis	
	heart failure, asthenia, etc. It means t	he disease,		***************************************	
	injury or complication which cause	ed death.) DUE TO			
z	ANTECEDENT CAUSES	Ch.	Yhmulmezh		
2	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		0		
5	UNDERLYING CONDITION EAST.				
_	11	(C)			
THY.	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED	The Party	~~i	
١		MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
3		N- DI 105 05 INIVIDI	Loss willens bin of	in Baltiman City also	YES NO
L D	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bldg., e		in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	NJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I attend	led the deceased from	-22, 1950, to	- 30, 1950	that I last saw the
	deceased alive on 6 - 30 , 1	9.50, and that death occur	red at 1029 A.m., from the	causes and on the	date stated above.
	R3A. SIGNATURE	2	3B ADDRESS	-6.	L - 30 - 50
2	A. BURIAL/CREMA- 24B. DATE	M. D.	RY OR CREMATORY 240 10	ATION (City, town, or	
T	A. BURIAL CREMA- ON, REMOVAL (Specify)	Autin	mer, Sali	more.	1110
D	ATE RECEIVED BY REGISTRAR'S S	IGNATURE	25 PUNERAL DIRECTOR	/	DOREGO
L	OCAL REGISTRAR	on Miliana, Ala	Market Sun	1219511	al Al

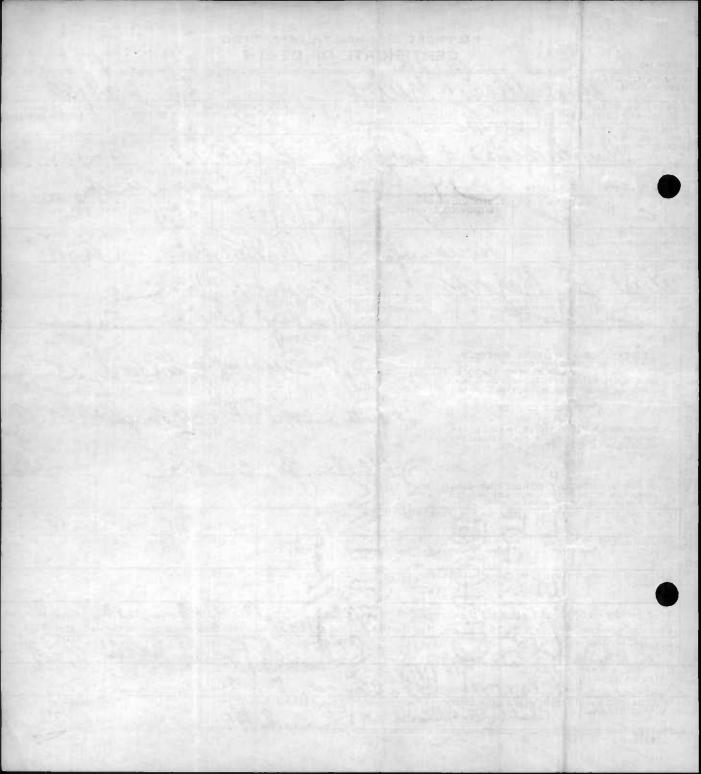
VS 150



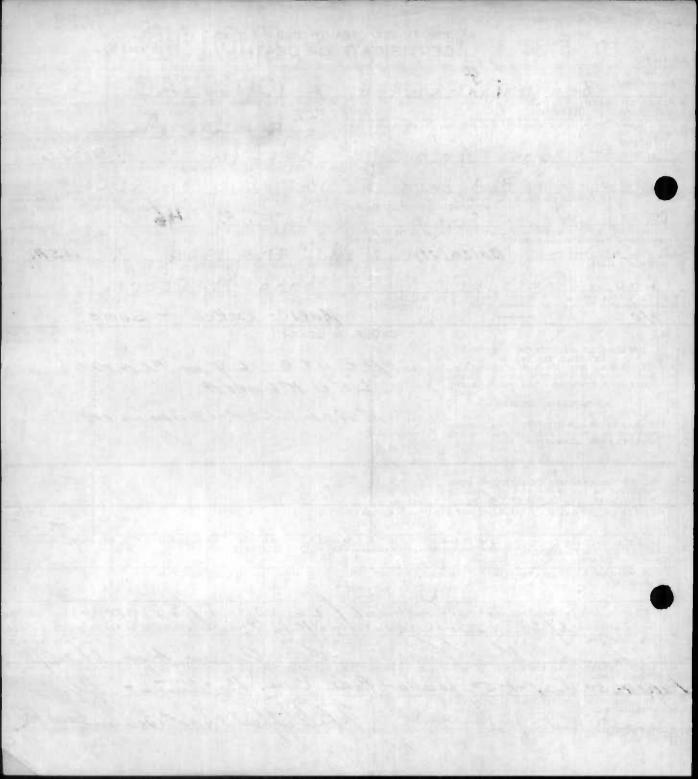
-	542	
50 BI	5780 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	5780
	NAME OF DECEASED CLARA MONKIN MANUELS 2. DATE OF DEATH WIN	1/20.50
	PLACE OF DEATH: Baltimore City, Maryland 2075 Rock Rock A. STATE B. COUNTY	(ution residence
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR OCATION) C. CITY OR TOWN (If cutside corporate limits, wr. NSTITUTION)	
1	Underly Murace Some 3001 Cramont	To Compahip)
c.	gth of stay in Baltimore	ma
5	6. COLOR CORACE 7. SINGLE, MARRIED. WIDOWID, DIVORCED (Specify) 0. AGE (In years last birthday) Months	
10 worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR II. BISTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1.2.
1 ==	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INSERPLANT	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. NO or naturown)	many !
	18. 3 2 / X , CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	4 8heren
	injury or complication which caused death.) OUE TD	
Z		2041.
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
Ē	(C)	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?)	
M	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from Jan 3, 1950, to ruce 29, 1950, the	at I last saw the
	deceased alive on Frank 22, 1950, and that death occurred at 6,15P.m., from the causes and on the d	ate stated above.
	deceased alive on frame 29, 1950, and that death occurred at 6.15 m., from the causes and on the d 23A. SIGNATURE Decises M. O. 800W3344St.	ate stated above. 3c. DATE SIGNED 29-50
24	deceased alive on frame 29, 1950, and that death occurred at 6.15 m., from the causes and on the d 23a. SIGNATURE 23B. ADDRESS	ate stated above. 3c. DATE SIGNED 29-50
TI	deceased alive on full 29, 1950, and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive of the causes alive of the causes and on the causes alive of th	ate stated above. 3c. DATE SIGNED 29-50
TI	deceased alive on full 29, 1950, and that death occurred at 6./5 m., from the causes and on the deceased alive on full 23 and that death occurred at 6./5 m., from the causes and on the deceased alive on the causes and on the deceased alive of the causes alive of the causes alive of the causes and on the deceased alive of the causes alive of the causes are the causes and on the deceased alive of the causes are the causes and on the deceased alive of the causes are the causes are the causes and on the deceased alive of the causes are the causes ar	ate stated above. BC. DATE SIGNED - 29-50 Ounty) (State)



600 MUI	REALTH DEPARTMENT 50 5781
FUR1	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) WHA Mary A MUUT	2. DATE OF 6/28/50.
S. PLACE OF DEATH. A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION) When the street address or institution, give street address or location in the	C CITY OR TOWN JIf outside corporate limits, write RURAL and give township)
c. gth of stay in Baltimore	D. STREET ADDRESS (If piral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	GW4/3/1000 (04
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	(Dalto.)Ma. 45A.
Uni. E. Majors	Lizzie Lee Ward
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or data of service) 16. SOCIAL SECURITY NO.	Was Hosel Clarke Sales
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	pyens of gelblode 15 day
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	- Suppliestive Cholargier's 3 Cla
DEL NO.	ite Pancrestition well
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY WRITE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	18 , 19 00 6/20 , 19 5 Othat I last saw the
	rred at 1245 m., from the causes and on the date stated above. 235, ADDRESS 23c. DATE SIGNED
24A. BURMI, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY (24D. LOCATION (City, town, or count) State)
DATE RECEIVED BY DEGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
101130 1950 - A GARLES AND THE PROPERTY OF THE	Gasshur Times Ham, 7401 (Selan)
	128



46 3 copies.	50 5782
FA ENGO	EALTH DEPARTMENT E OF DEATH Registered No
BIRTH NO.	L OI DEATH
1. NAME OF DECEASED (Type or Print) Behigher Geisler	2. DATE. OF DEATH 6 28 58
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION	C. CITY OR TOWN If outside corporate limits, write RURAL and give
It to hes tospital	Daltimore 20-03
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore Born He re Days [6.COLOR OR RACE 7. SINGLE, MARRIED.	1000. Payson St.
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year in Under 24 Hours Min.
Single	11 12 13 13 13 13 13 13 13 13 13 13 13 13 13
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHP ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
city haboren Baccacity.	Maryland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Geisler	Anna M-Sturm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or uoknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO .	Marie-Rockel - Same
18. 20710 . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	-USE LYMPLATIC
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	EUKEMIA PLATIC
ANTECEDENT CAUSES	201161111
(8)	POWCLOPINEUMONIA
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
The state of the s	YES NO 1
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK L AT WORK	
22. I hereby certify that I attended the deceased from 6	26, 1950 to 6/28, 1950, that I last saw the
	rred at
1 1 1	238. ADDRESS 23c. DATE SIGNED
24A. BUDAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or jounty) (State)
11/5 · 01/ - 1/ / / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	1B/1/1/12 -12 -9 to 100
11 3 1 1950 Munting 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. W. Willen Dux 1000 contago 12
1011 NB 450	96 740
1881	170



1	40	0 5783	BALTIMORE CITY HE		50 Registered	5783
BI	RTH NO.		CERTIFICATE	E OF DEATH	registered .	
	NAME OF D				2. DATE OF	
		Evely	m M.	Neville 4. USUAL RESIDENCE (DEATH Tune	28, 1950
	PLACE OF D Baltimore (EATH: City, Maryland		A. STATE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospital o	or institution, give street address or location)	Maryland	(c	A. S. PAYTER A. T. S.
	STITUTION	Union Memor	ial Hospital		i outside corporate limi	ts, write RURAL and give township)
	4			Baltimore D. STREET ADDRESS (I	f rural give location)	
	-41 -6 -	4 to D-14:	o years Mos.			1 0
C.	gtn of s	tay in Baltimore	Days Days	8. DATE OF BIRTH	vert St., Apt	If Under 1 Year If Under 24 Hours
٠.	-		WIDOWED, DIVORCED (Specify)	Aug: 26 -1903		onths Days Hours Min.
_	Female	White CUPATION (Give kind of 1	Married OB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	1 12. CITIZEN OF
work	done during most o	of working life, even if retired)	INDUSTRY		,	WHAT COUNTRY?
	.FATHER'S		-Casltelburgs	England 14. MOTHER'S MAIDEN N	IAME	U3A.
		NAME			AME	
	Inknown			Un'-nown		
	, oo or uoknown)	ED EVER IN U.S. ARMED F (If yes, give war or dates of		17. INFORMANT		DDRESS
	NO	学を合かかかかか	\$16-09-9488	Jerome F. Ne	ville- same	
CERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION DI LEADING TO DEATH s not mean the mode of re, asthenia, etc. It means complication which cau ANTECEDENT CAUSE: S OR CONDITIONS, IF A THE ABOVE CAUSE (A) ST YING CONDITION LAST II BIGNIFICANT CONDITI S TO THE DEATH, BUT NO SISSASE OR CONDITION C	dying, e.g., the discase, sed death.) DUE TO PUPTU	rachnoid hemoorh	~	
CE			MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
7					(If in Baltimore City.	YES X NO
EDICAL	21A. EXTERI UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg., e		(II in Baltimore City,	give exact location)
Σ	21D, TIME OF INJURY	(Month) (Day) (Year) (H	Mour) 21E. INJURY OCCURRI WHILE AT NOT WHILE TO MORK AT WORK	ED 21F. HOW DID INJUF	RY OCCUR?	
	22. I certi	fu that I took charac		hove held an Autops	Sy	_ thereon and from
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .					
	23A. SIGNA	TURE A-S	lendaction M	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	TOR	une 28. 1950
24 TI	A. BURIAL, ON. REMOVAL (S	CREMA- 248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	i, or county) (State)
	BURIAL		.950 New Cathede		timore ha:	ryland
	ATE RECEIVE		SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
	THE REGIST	-0	4- Williams, M.M.	F.B.LIFPERT &	EON*L1300	Sutaw Pl 17
Y	S (151) () 75	150 Thousand	-12463 0	1. B. Mily	ed & Sone	196

Celebrate transfer transfer Element

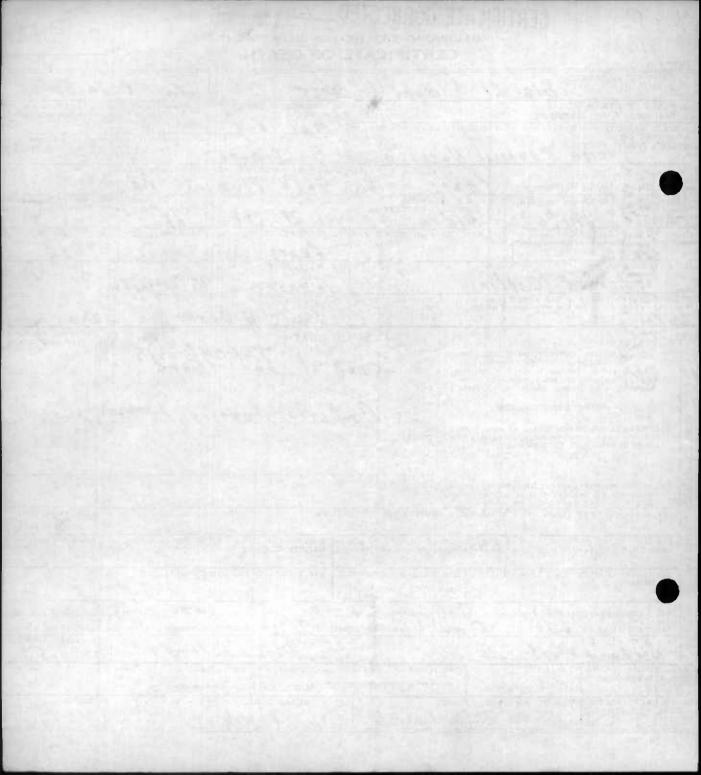
CERTIFICATE CORRECTED 7-11-50 BALTIMORE CITY HEALTH DEPARTMEN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 5784

Registered No.

BIRTH NO.	
Type or Print) Blanche Elisabeth	Boker 2. DATE OF DEATH 6-30-50
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
nion Memorial Hospital	Dallimore F1-06
ength of stay in Baltimore Years Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours
Female White WIDOWED DIVORCED (Specify)	July 28, 1881 last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPEACE (State or foreign country) 12. CITIZEN OF
INDUSTRY	Mennsylvania WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Collins	Unknown - Witherington?
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (See, no nr nnknown) (If yes, give war nr dates of service) SECURITY NO	17. INFORMANT ADDRESS
(es, no or maknown) (if yes, give wer or dates of service) SECURITY NO.	Vames A Baker Same
18, 2 2 5 V CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	THEO MEOSIS
(This does not mean the mode of dying, e.g., (A)	pral homorphood
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	92
ANTECEDENT CAUSES	teriosclerosis Teneral
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
	YES NO L
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in about hume, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from_6	-/0, 1950, to 6-30, 1950, that I last saw the
deceased alive on 6.76 , 1950, and that death occur	
23A. PIGNATURE 2	38. ADDRESS 23C. DATE SIGNED
M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
ON, REMOVAL (Specify)	W A A A
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORBALLO, GO., ADDRESS
OCAL REGISTRAR	1219 54
JUL 7-1950 Thuttuaton Williams, M.	Minory John Could
VS 150	422
	8,915



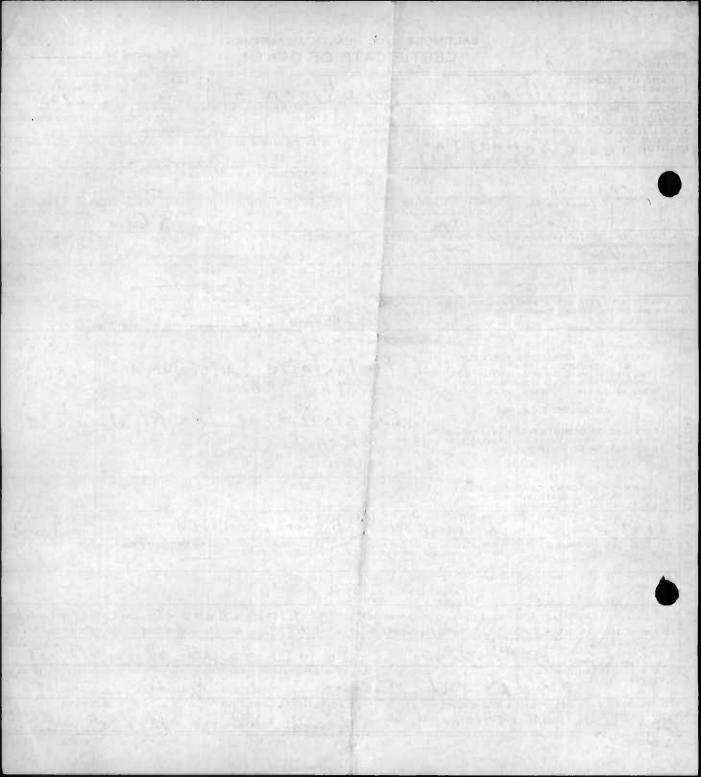
2	55
50	5785
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

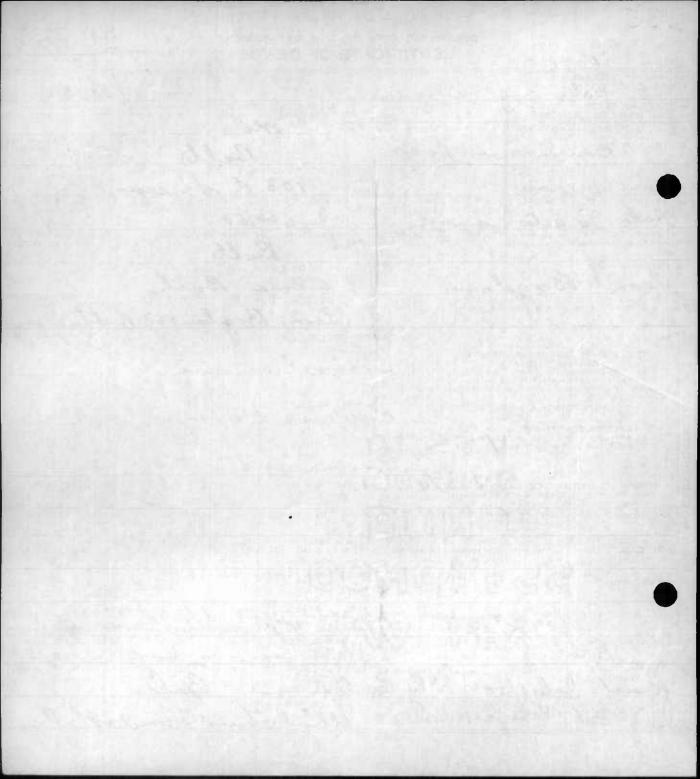
50 5785

00 5780 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
I. NAME OF DECEASED LILIAN (Type or Print)	1410	KMAN	2. DATE JU	ne 27
3. PLACE OF DEATH: A. Baltimore City, Maryland	nstitution, give street address or	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	nstitution: residence before admission)
HOSPITAL OR	rittan location)	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township
c. Ligth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	18-2
	INGLE, MARRIED, //IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mor	Under 1 Yeer II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State)	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no or nnknown) (If yes, give war or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Tue Le	DRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	edisease, death.) DUE TO OF	The BRAIN	the Right	6 WCEKS
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OF CONDITION CAUSE	RELATED			
19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER NCROP RIGHT B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e	B PEHST / PC)	(If in Baltimore City, g	20. AUTOPSY? YES NO
ZAO. TIME (Month) (Day) (Year) (House	m. WHILE AT NOT WHILE MORK		URY OCCUR?	
22. I hereby certify that I attended deceased alive on June 26, 19. 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE	so, and that death occur	red at 1.301 m., from 38. ADDRESS Lo 30 W. Fo	m the eauses and on th	e date stated above 23c. PATE SIGNED
TION, REMOVAL (Specify)	24c. NAME OF CEMETE	m !	Bartey	or county) (State)
LOCAL REGISTRATE	101111	25 FUNERAL DIRECTO	p and	ADDRESS ALL A

VS 150



255.			50	5786
50 5786 - 18550 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print)	0 1		2. DATE OF	1-
3. PLACE OF DEATH:	Bogdon	4. USUAL RESIDENCE (W	DEATH 6 / 30	150
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION A	itution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, writ	le RURAL and give
Bon Secours	Hosp.	Bal	6-0	township)
	Yrs. Mos.	O. STREET ADDRESS (If	rural give location)	
gth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Days	103 N	Streege	
male John will	GLE, MARRIED, OWED, DIVORCED (Specify)	Inc 30/50	9. AGE (In Mars) If Under I last birthedy) Months	
10A. USUAL OCCUPATION (Give kind of Nork done during most of working life, even if retired)	IND BUSINESS OR INDUSTRY	B-16		VHAT COUNTRY?
13. FATHER'S NAME	i enema	14. MOTHER'S MAIDEN NA	AME /	
15. WAS DECEASED EVER IN U. S. AVIED FORCES (Yes, no or unknown) (If yes, give wer or flates of service)		17. INFORMANT	ADDRE	ss
18. 762 4	CALISE	OF DEATH	an 103 1(4)	NTERVAL GETWEEN
DISEASE OR CONDITION DIRECT		OI BEATTI	0	NSET AND OEATH
(This does not mean the mode of dying,	e.g., (A) Cere	bral ano	lia	
heart failure, asthenia, etc. It means the dis injury or complication which caused de	sease, eath.) OUE TO			
ANTECEDENT CAUSES	T			
O DISEASES OR CONDITIONS, IF ANY, G	IVING (B) alel	ecloses lu	42	
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO		0	
	Pas	T. IT.		
OTHER SIGNIFICANT CONDITIONS	(C) <u></u>	manny		
TRIBUTING TO THE GEATH, BUT NOT REL	ATED			
	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. I about ho	PLACE OF INJURY (e.g., in	or 21c, WHERE DID (I	f in Baltimore City, give e	YES NO
HOMICIDE (Specify) about ho	me, farm, factory, street, office bldg., e		in baltimore City, give e.	kuet location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
m	WHILE AT NOT WHILE			
22. I hereby certify that I attended t	he deceased from 6/3	30/50,19, to	6/30 1, 195 Qtho	t I last saw the
deceased alive on 6 / 30/195	2, and that death occur	red at 11 Am., from th	ic causes and on the da	
Shohl	/	Bon Secour	2 Koss. 6	30 50
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	Holy Rot	RY OR CREMATORY 240. LC	CATION (CA), town, or con	unty) (State)
DATE RECEIVED BY REGIS RAN'S SIGNA		25. FUNERAL DIRECTOR	ADD	RESS
JULT-1950 Mutugiton	Williams, M.	Ullul France	More 2008	Ole
VS 150			,	1-0
			/=	24



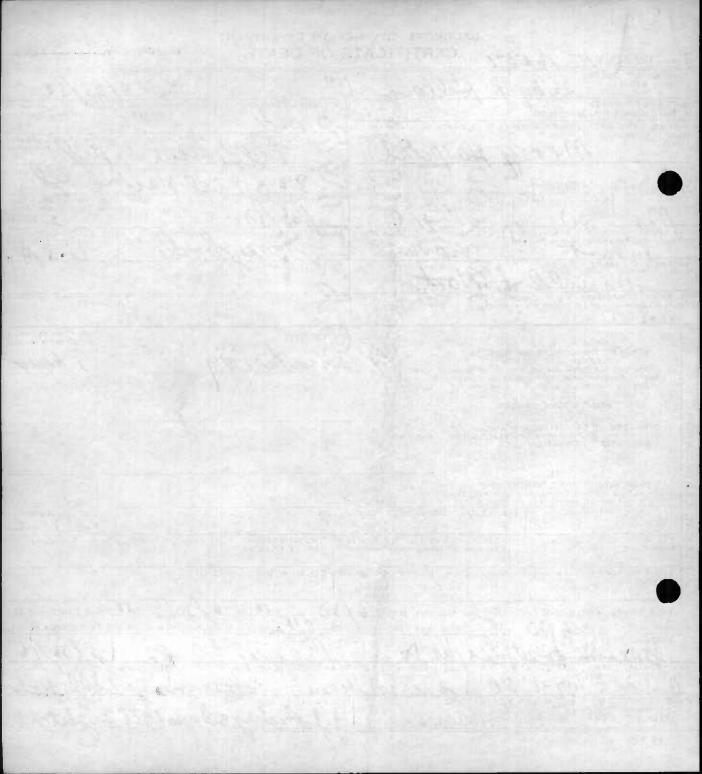
		-13658	,			ALTH DEPARTMENT OF DEATH	r Register		5787	
(7	NAME OF DECE	Baby B	Halloc	k "A"	,		2. DATE OF DEATH	6	70-50	
A.	Baltimore City,	Maryland				4. USUAL RESIDENCE	(Where deceased live B. COUNT	Y	before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION MEMCH HOSPITAL						c. CITY OF TOWN	If outside corporate		RURAL and give township)	
	Ogth of star	in Baltimore	14000	1	ATS. Moor	D. STREET ADDRESS	If jural, give locatio	n) se	De la constante de la constant	
5.		OLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED	Days	8. DATE OF BIRTH	9. AGE/In yea last birthday	rs ij Under 1 Yo) Months D	ear Il Under 24 Hours ays Hours Min.	
1 C	DA. USUAL OCCUP I done during most of worl	ATION (Give kind of ling life, even if retired)	10B. KIND		OR	11. BIRTHPLACE (State or	foreign country)		TIZEN OF HAT COUNTRY?	
13	B. FATHER'S NAME	ed Ha	lloc	10		14. MOTHER'S MAIDEN	NAME			
15 (Ye	5. WAS DECEASED EX	ER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRES	S	
CATION	(This does not heart failure, a injury or com	R CONDITION ADDING TO DEA mean the mode of sthenia, etc. It mes plication which CECEDENT CAUS CONDITIONS, 1 BBOVE CAUSE (A) CONDITION L	TH of dying, e. g ans the disease caused death. SES F ANY, GIVIN STATING TH	(B)		lectarion adenty			FERVAL BETWEEN	
RTIFIC		n		(C)	•		****			
CER	OTHER SIGN	1888								
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								O. AUTOPSY?	
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?									
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from 6/30 1317, to 6/20, 19 U that I last saw the									
	deceased alive		sem	20		E ADDRESS	the courses and		Dite SIENED	
2. TI	AA. BURIAL, CREMON, REMOVAL (Specif	A- 24B DATE	50			Y OR CREMATORY 245	LOCATION (City,	Hill Hill	Ra (State)	
	ATE RECEIVED BY OCAL REGISTRAR	41	-1 W/1	L'ALLE, ML		9. Q Lahey	-down 1	ADDR 316 L	ess	

VS 150

5			LTH DEPARTMENT OF DEATH	Registered No	50 5788					
1. NAME OF DECEASED Baby & Hollock B" 2. DATE OF DEATH 6/30/57										
	PLACE OF DEATH: Baltimore City, Maryland		. USUAL RESIDENCE (W		stitution : residence before admission)					
H	FULL NAME OF (If not in hospital or institution, give street SPITAL OR STITUTION	14:	CITY OR TOWN (I	outside-corporate limits,	write RUMAL and give					
5	111-ercy Hospita	1	Below	more,	Man township)					
c.	gth of stay in Baltimore	Yrs. Mos. Days	8 3 5 7 0	rural, give location)	A Rolling					
5.	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCE	8	DATE OF BIRTH		he Days Hours Min.					
10 worl	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINE done during most of working life, oven if retired)	SS OR 11	I. BRTHPLACE (State or fo	gn counny) 1	2. CITIZEN OF					
	intant none		maryte	y d	WHAT COUNTRY?					
13	FATHER'S NAME	14	4. MOTHER'S MAUTEN N	AME						
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (10 or nuknown) (If yes, give war or dates of service) SECUR		7. INFORMANT	ADI	DRESS					
	nu) SECOR	TY NO.								
	//0/	CAUSE OF	DEATH		INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES									
0	DISEASES OR CONDITIONS, IF ANY, GIVING									
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
IF!	(C)				***					
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
U	TO THE DISEASE OR CONDITION CAUSING IT		20. AUTOPSY?							
AL	O INTERNATION									
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJU		21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, giv	e exact location) .					
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?									
	m. WHILE AT NOT WHILE AT WORK									
	22. I hereby certify that I attended the deceased from 6/30 190, to 6/30 , 100, that I last saw the									
	deceased alive on 30, 19, and that death occurred at 2 m., from the causes and on the causes and on the causes and on the causes are alive of the causes and on the causes are alive of the causes and on the causes are alive of the causes and on the causes are alive of the causes and on the causes are alive of the causes and on the causes are alive of the causes are alive of the causes are alive of the causes and on the causes are alive of the causes are alive									
	stound osealls M.D.	M. D.	morres x	1020	6/30/78					
710	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	1 /.	OR CREMATORY 240. LC	OCATION (City, town, or	county) (State)					
DA	TE RECEIVED BY PREGISTRAR'S SIGNATURE	ad Hi	FUNERAL DIRECTOR	man 1.	LUD KH					
LC	GALL REGISTASSO Linetington Williams 4		A A VIP II	Jon 13187	Saltat					

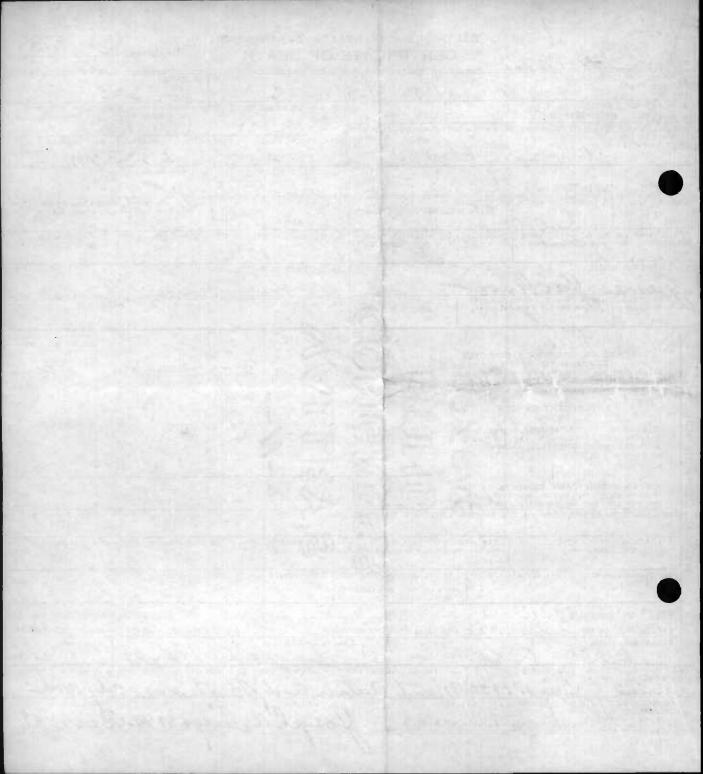
art stylpen o.

VS 150



	2.50)					
B	578	949-132		CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	0 5789
	NAME OF D	DECEASED	AMIEL	LUS JA	CKSON.	2. DATE OF DEATH 6-3	0-50
A.		City, Maryland			4. USUAL RESIDENCE	Where deceased lived, If inst	titution: residence before admission)
Н	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos)	pital or institut	ion, give street address or location)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
2	3	Unioles	ily to	Yrs.	D. STREET ADDRESS (I	25-0	3A township)
c.		tay in Baltimore		V 12 - Mos. Days	2-624 0	Puget St	f.
	SEX	6. COLOR OR RAC	WIDOW	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9 (AGE (In years list birthday) Month	r l Year H Under 24 Hours S Days Hours Min.
1C	A. USUAL OC k done during most	CUPATION (Give kind of working life, even if retire	lof 10B, KIND	OF BUSINESS OR INDUSTRY	IJ/BIRTHPLACE (State or	foreign country) 12	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S	NAME OLA L	2		14. MOTHER'S MAIDEN I	NAME IT	
120	WAS DECEASE	ED EXTR IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Sangre ADDI	? O
-	18. 49			CAUCE	0		INTERVAL BETWEEN
	7.1	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	heart failu	LEADING TO DE not mean the mode are, asthenia, etc. It m	e of dying, e. g	e.	it sock of	preumona	5 days
	injury or	complication which		e.) Due TO	0		
ATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (A	A) STATING TH				
TIFIC		п		(C)			
CER	TRIBUTING	SIGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATE	D			
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	exact location)
2	21D. TIME ((Month) (Day) (Yea		21E. INJURY OCCURRE	ED 21F, HOW DID INJUF	RY OCCUR?	
	22 I hamah	er acutify that T	m.	WORK AT WORK	- 25 ,050, /	-30 10570	
	deceased al			and that death occur	red at 1:45 m., from	the causes and on the o	hat I last saw the late stated above.
	23A. SIGNAT	erbut K	.01	uro M.D.	3B. ADDRESS		3c. DATE SIGNED
715	4A. BURIÁL, CON, REMOVAL (S	pecify) Culy 1.	1950	Manual. aut	RY OR CREMATORY 24D.	Olimne Cel	county) (State)
	ATE RECEIVED CAL REGIST	RAH REGISTRAL	R'S SIGNATU	RE	25. FUNERAL DRECTOR	ch 66120. A	one It.
	VS 150	6		the Sales A		1	7

1 . 107



MM 139304 5790 BIRTH NO.

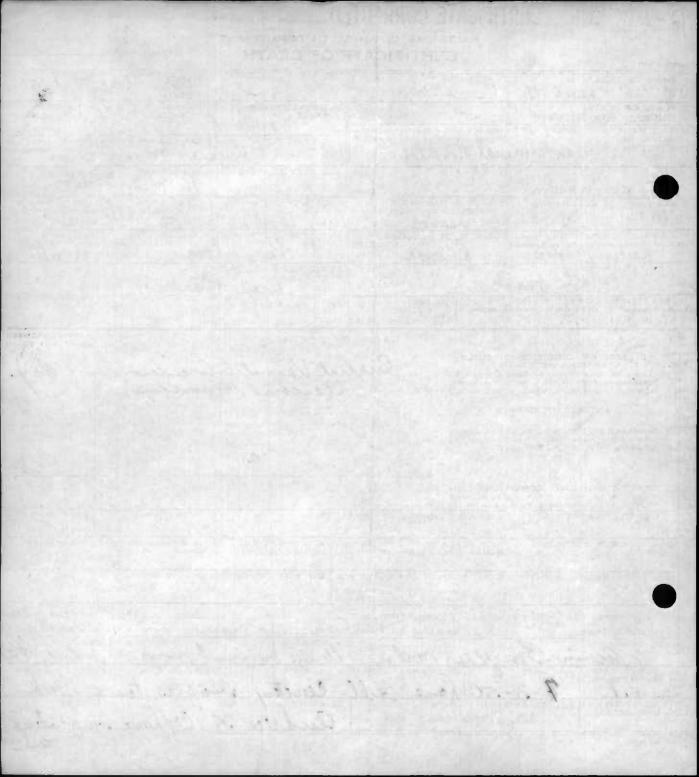
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5790

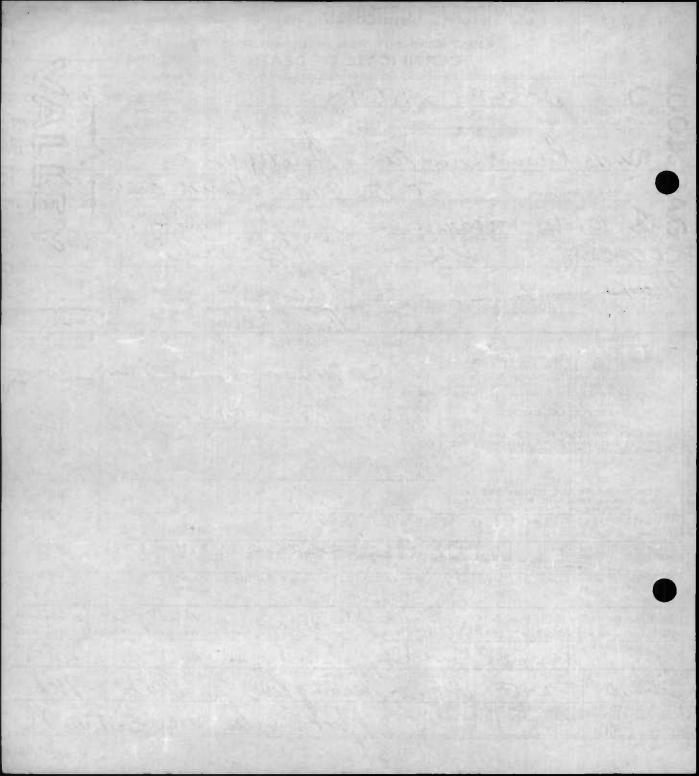
1. N (Typ	IAME OF Doe or Print)		ph, Mi	raglia		2. DATE OF DEATH June 2	29, 1950
	LACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W		stitution : residence before admission)
B. FI	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR B				Maryla	.nd.	
INS.	HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.				Baltimore (If	outside corporate limits,	write RURAL and give township)
c.	rth of s	tay in Baltimore	15	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5. S	ale	6.COLOR OR RACE	7. SINGLE WIDOV	E. MARRIED. (ED. DIVORCED (Specify)	8. DATE OF BIRTH March 4,1885	9. AGE (In years 1 Un last birthday) Mont	hs Days Hours Min.
10 A.	USUAL OC	CUPATION (Give kind of f working life, even if retired)	10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 1:	2. CITIZEN OF
	Barbe	r	Barbe	r Shop NDUSTRY	Italy		WHAT COUNTRY
	nto Mi	raglia	(D)		Angela Settot	a D.	
(I 06, E	WAS DECEASE to or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records B.C. H.	4940 Eastern	PRESS Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	TO THE DI	TO THE DEATH, BUT	CAUSING I	Г			
AL.	SA. DATE O	F OPERATION D 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEC	LYING OF CAUSE OF I	ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	tc.) INJURY OCCUR?	f in Baltimore City, give	
	NJURY		m. Y	WORK NOT WHILE			
2	22. I hereby leeeased al	y certify that I att	ended the	deceased from Jun	e 29. 1950, to Ju red at 7:50 PM, from th	ne 29. 19 50	hat I last saw the
2	3a. SIGNAT	URE OS.	do	7922 M. D.	38. ADDRESS 4940 Eastern Ave.		June 29,50
TION.	BURIAL, C REMOVAL (SI	an aideas	d 1950	Holy Redee	mer Cemetery 4	430 Belair	Rd. (State)
DAT LOC.	E RECEIVED			liance, Miles	Frank Della	loce 322 8. 1	High St.
	VS 150			7001	9		11/a

glob thoras A LOSEDA north that the tipe common remarks of the Belefit S. THE STATE OF REPLY OF THE STATE OF THE STATE

D-45 2 CERTIFICATE CORRECTE	D 7-6-50
BALTIMORE CITY HE	
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) KENNETH Pier PLANK	2. DATE OF July 1, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution : residence A. STATE
B. FULL NAME OF (If not in hospital or institution, give street address or	maryland markens
INSTITUTION Muon Neumal Dospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Oth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS Aff rural, give location). 96 Wyoning ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Hunde I Veet Hours Min. Lug. 16, 1899 1st birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of los. KIND OF BUSINESS OR work done during most of working tife, even if retired) Authors Aut	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME C. Roy Plank	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no or unknown) (If yes, tive wer or dates of service) (Yes, which was a second service) (Yes, no or unknown) (If yes, tive wer or dates of service) (Yes, no or unknown) (Yes, no or unknown) (Yes, no or unknown)	17. INFORMANT ADDRESS
18. 3 3 1 X CAUSE C	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11/2 1. 6. 1. 1 10.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a vascular acception they,
injury or complication which caused death.) DUE TO	(10.0h. O Henry Line)
injury or complication which caused death.) DUE TO	(cerebral Hemorrhye). / Say,
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II (C)	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	ation 20. Autopsylves No or 21c, Where DID (If in Baltimore City, give exact location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	or 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B.	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ation 20. Autopsy? Yes No or 21c. Where DID (If in Baltimore City, give exact location) INJURY OCCUR? D 21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ation 20. Autopsyl yes No or 21c, Where DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. How DID INJURY OCCUR? 31f. Date Signed Advanced Accuracy States and On the date stated above the states and Occupance of the states and Occupanc
ANTECEDENT CAUSES ODISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATOR Shout home, farm, factory, street, office bldg., et al. [Not white at work at	ation 20. Autopsyl yes No or 21c. Where DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. How DID INJURY OCCUR? 31f. Date Signed
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (Specify) Shout home, farm, factory, street, office bldg., et al. (A) STATION COLUMN WHILE AT NOT WHILE A	ation 20. Autopsylves or 21c. Where DID (If in Baltimore City, give exact location) injury occur? 21c. Where DID (If in Baltimore City, give exact location) injury occur? 21c. How DID INJURY occur? 21f. How DID INJURY o
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	ation 20. Autopsy? Yes No or 21c. Where DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (Specify) Shout home, farm, factory, street, office bidg., et al. (A) Shout home, farm, factory, street, office bidg., et al. (B) Shout home, farm, factory, street, office bidg., et al. (B) Shout home, farm, factory, street, office bidg., et al. (B) Shout home, farm, factory, street, office bidg., et al. (B) Shout home, farm, factory, street, office bidg., et al. (B) Shout home, farm, factory, street, office bidg., et al. (C) Shout home, farm, factory, street, office bidg., et a	ation 20. Autopsylves or 21c. Where DID (If in Baltimore City, give exact location) injury occur? 21c. Where DID (If in Baltimore City, give exact location) injury occur? 21c. How DID INJURY occur? 21f. How DID INJURY o



	Z-100 CERTIFICATE CORRECTE	The state of the s				
В	50 5792 BALTIMORE CITY HEAD CERTIFICATE	70 * / 1 7 7				
1.	NAME OF DECEASED JOSEPH LEV	2. DATE 630-150				
	PLACE OF DEATH:	DEATH USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)				
В.	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CUDOOR TOWN (If outside corporate limits, write RURAL and give				
0	115 Koland View ave	Waltynore 15-13 township)				
c.	: Length of stay in Baltimore	4115 Roland (Low Clock				
5.	WIDOWED, DIVORCED (Specify)	DATE OF BIRTH 9. AGE (in years H Under I Year H Under 24 Hours Min. 15, 1890 59 6 9) 9. AGE (in years H Under I Year Hours Min. Days Hours Min. 1890)				
1 C	OA. USOAL OCCUPATION (Give kind of the depth	1. BIRTHPLICE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
13	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME				
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. ce, no or unbhown) (If yee, give war or dates of service) SECURITY NO.	7/INFORMANT / ADDRESS				
	SECONIT NO.	renepery same				
	18. CAUSE OF	F DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	onary occlimen about				
	ANTECEDENT CAUSES					
2	DISEASES OR CONDITIONS, IF ANY, GIVING	year on commons year				
2	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	V				
1	II (C)					
とと	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TON 20. AUTOPSY?				
ב ב ב	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office hidg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location)				
Σ	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE MY WORK AT WORK					
	deccased alive on 197, 1950, and that death occurred	d at / 2 m., from the causes and on the date stated above				
		2404 Eutou P 23c. DATE SIGNED				
24	44 BURIAL, CREMA: 24B. DATE 10N REMOVAL (Specify) 7-2-50 New 111- 1249	OR CREMATORY 24b. LOCATION 19ty, town, or county (State)				
D.	DATE RECEIVED BY REGISTRATES SICHATURE OCAL REGISTRAT	FUSERAC DIRECTOR ADDRESS OF				
21	HI 2-1950	rekpenis 2100 Certain 10				
) (156h	942				

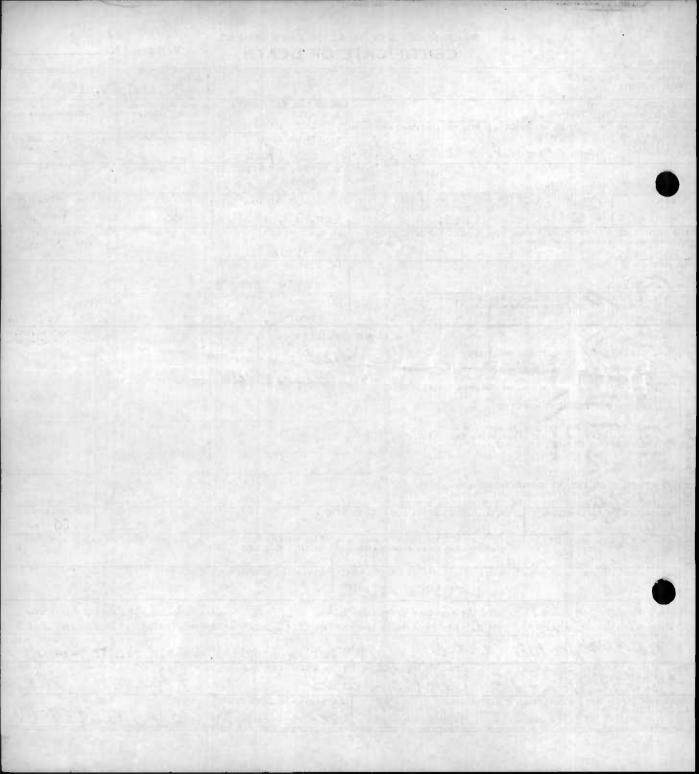


BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 1, 1950 BLEDY. Else 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR US Marine Hospital c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Wyman Park Dr. & 31 St., Balto. Baltimore Hyrs Yrs. D. STREET ADDRESS (If rural, give location) Mos. 6 mas 2359 Eutaw Place rth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) White Female Mar. 19, 1887 Wid. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Housewife Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. Reich Sophie Ehrenfeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Unknown Records. US Marine Hospital. Balto. Md. INTERVAL BETWEEN 18. 201 CAUSE OF DEATH ONSET AND DEATH tedgkus Brease, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby Certify that I attended the deceased from June 11 19 50 to July 1, 19 5, Chat I last saw the descased affee on July 1, 1950, and that death occurred at 112 1.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED US Marine Hospital, Baltimore, Md. 7-1-50 BURIAL, CREMA 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION 1ty, town, or county) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

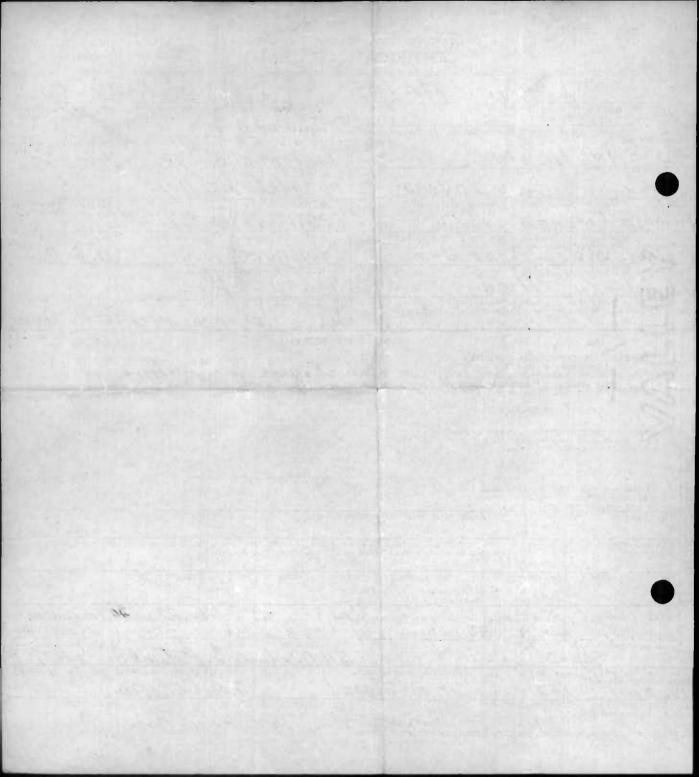
LOCAL REGISTRAR

hutuator !



H-208-104

	. 50	5734			EALTH DEPARTMENT E OF DEATH	Registered No.	0794
В	IRTH NO.			CLICITI ICAT	E OI BEATTI		
	NAME OF DE	LIZZ	IE	HAYES		2. DATE OF DEATH 6-2	9-50
Α.		ity, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
H	FULL NAME (OF (If not in hospit	al or instituti	on, give street address or location)		outside corporate limits, v	
11.	1439	RGYIE A	UE.		BALTIMORE	17. /4	f-0 20wnship)
C	orth of st	ay in Baltimore	20	VEARS Mos.	D. STREET ADDRESS (If	rural, give location) F AUE.	
5	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In year) # Und	lei 1 Year 11 Under 24 Hours
F	EMALE	COLORED		ED, DIVORCED (Specify)		last birthday) Month	ns Days Hours Min.
10	A. USUAL OCC	CUPATION (Give kind of f working life, even If retired)	10B. KIND	OF BUSINESS OR INDUSTRY		oreign country) 12	WHAT COUNTRY
1 7	HOUSE B. FATHER'S N		AT	HOME	LOUISBURG,	V.C.	1. S. A.
1.	BENJIA	. 4/	GH		SARAH SY	KES	
Ye Ye	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	11 1 1	RESS/
					JESSIE HENDA	1CKs-1432 HR	GYIE HUE.
	18. 16	× X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		0	1		~ \
		not mean the mode of	f dying, e. g		ncho genic Car	enomalosis	(7,)
		re, asthenia, etc. It mea complication which			0		
7		ANTECEDENT CAUS	SES				
ATION	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING TH				
FIC		un Eus.		(C)			
RT		II IGNIFICANT COND		V+			
CE		TO THE DEATH, BUT					
	19A. DATE O	F OPERATION O I	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	214 ACCIDE	NT CUICIDE	l ale BLA	CE OF INDIEN (is and 210 WHERE DID.	If in Baltimore City, give	YES NO _
Ш	HOMICIDE	NT. SUICIDE. (Specify)		CE OF INJURY (e. g., arm, factory, street, office hidg.,		ir in Baitimore City, give	exact location)
Σ	21p. TIME (Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE		1	
	22. I hereb	y certify that I att	ended the	deceased from Se	kt 8 , 1949, to \$	une 29, 1970,	that I last saw the
					rred at 69 m., from t	he causes and on the	date stated above
	23A. SIGNAT	URE AS	Julian	M. D.	5117. Schroeder &	1. Proture to	Ce/30/50
2 TI	4A. BURIAL, CON. REMOVAL S	Peoffy	1	C. NAME OF CEMETE		OCATION (City, town, or	count() /(State)
1	JURIAN	7-2-	50	MT. CALVA	RY A.A.	1. Co., Mo.,	
DL	ATE RECEIVE	DAD	1	18/11 .			DDRESS
_	1111-9-		in aren	Milliance, Mill	Wn. A. JACKSON	-416 FENNA.	HUE.
	VS 160	950	1. 1	Carried Sales			.10

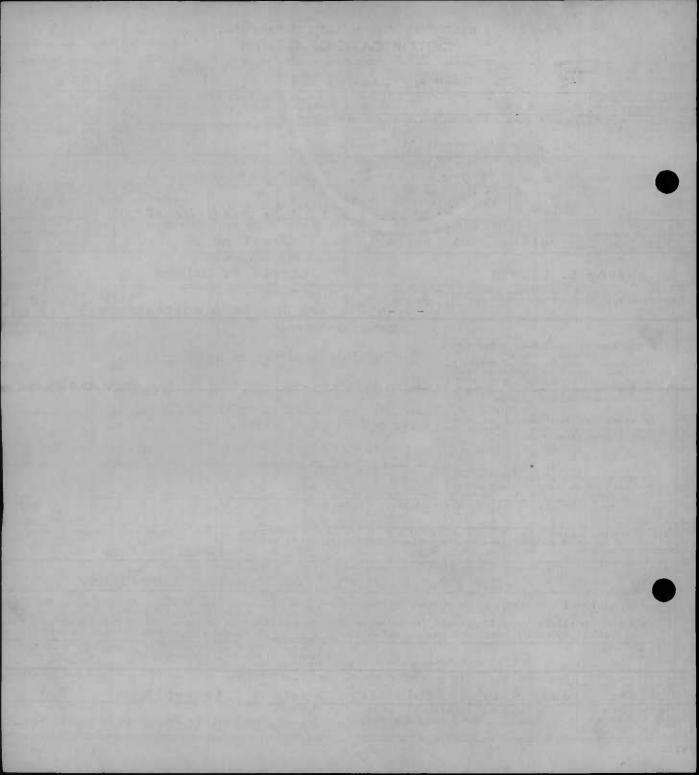


0-653 25795 50 5795 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED RUSSELL (Type or Print) SEWELL CORTEZ DEATH July 1, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Vrs. 1906 N. Longwood Street gth of stay in Baltimore 32 yrs. Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH Male White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)
Plumbing Supervisor INDUSTRY WHAT COUNTRY Maryland Contractor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harvey T. Courts Carrie F. Owings 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) Mrs Jessie C.Hollenberry Ba 16. SOCIAL 17. INFORMANT SECURITY NO (Yes, no or unknown) LODEWO 6-07-452 No ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple lacerations and abrasions (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Intraperitoneal hemorrhage rupture of liver DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Valve House--Clifton Park 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY Auto into valve house (driver) 2:10Am Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\subseteq \), accident \(\subseteq \), suicide \(\supseteq \), homicide \(\supseteq \), undetermined \(\supseteq \). 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... M.D. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Druid Ridge Cemetery Burial July 4 1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE/ 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mutualor / Willasia, Mall Wm Berryman & Sons ReisterstownMd

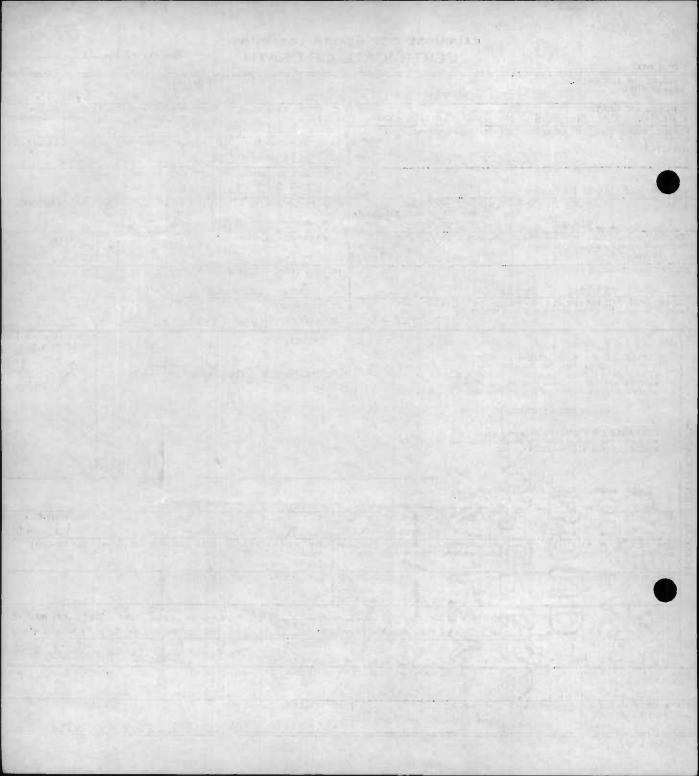
VS 151 290 24

ERTIFICATION

EDICAL

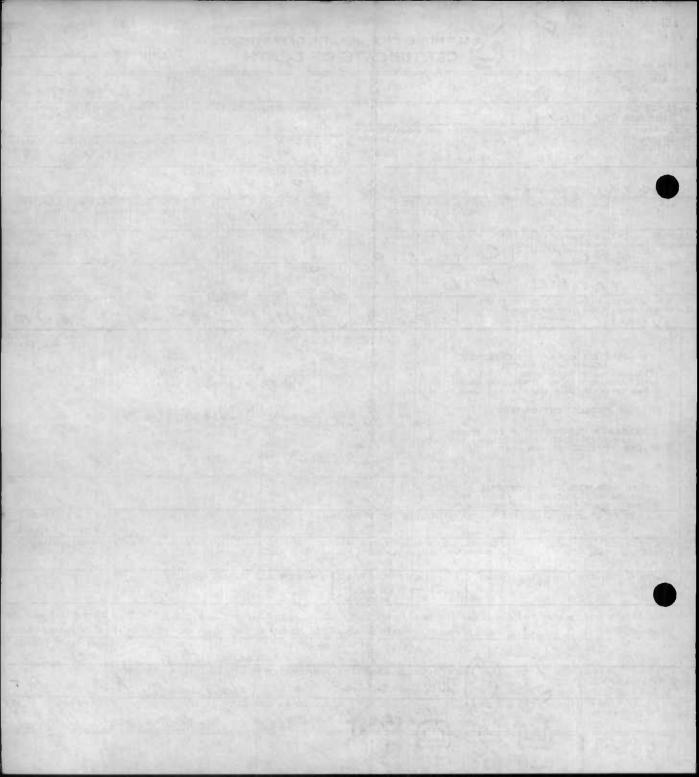


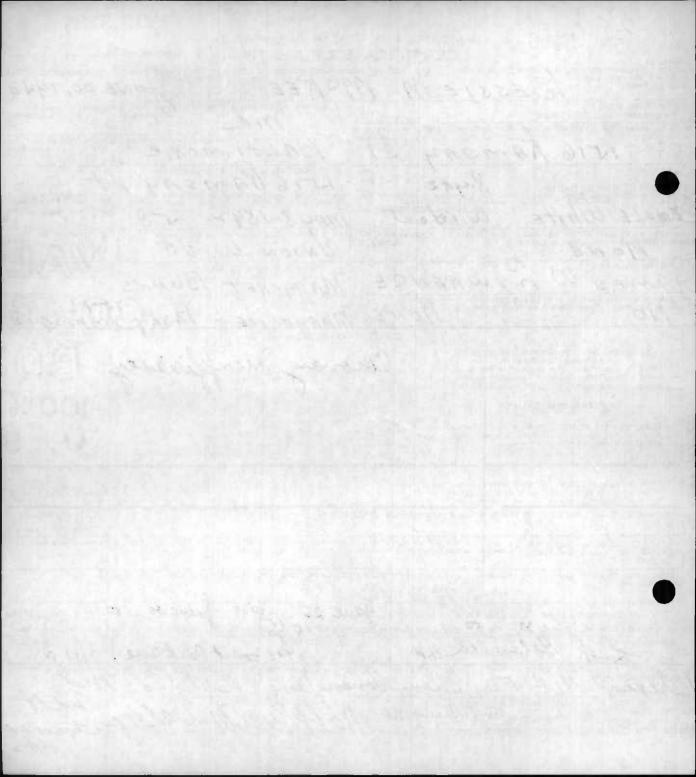
	DI	20			50	5'796			
	50	5796	BALTIMORE CITY HE						
ВІ	RTH NO.		CERTIFICATI	E OF DEATH	Registered No.				
	NAME OF D			2.	DATE				
			iam J Bavis	the transfer of the	OF June	29,1950.			
3.	PLACE OF DE	EATH: Lity Maryland 27	96 1/2 Tivoly Ave	4. USUAL RESIDENCE (Where	deceased lived, If inst	titution : residence before admission)			
В.	FULL NAME		al or institution, give street address or	Maryland		201010 4411111111011			
	SPITAL OR STITUTION		location)	c. CITY OR TOWN (If outs	ide corporate limits, w	rite RURAL and give			
0	0	2796 1/2	Tivoly Ave	Baltimore City	9	- 06 township)			
			Yrs. Mos.	D. STREET ADDRESS (If rural					
c.		tay in Baltimore	L1I'e Days	2796 1/2 Tivoly					
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		AGE (In years H Unde last birthday) Month	er I Year H Under 24 Hours			
	le	White	Single	February 26 1909	41				
10 work	A. USUAL OC: doneduring most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country) 12	. CITIZEN OF WHAT COUNTRY?			
	Clerk		Office Penn Railroad	Maryland		U.S.A.			
13	. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME					
		illiam J Bav		Mary Stevenson					
15 (Yes	. WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT	ADDI	RESS			
			717-07-7864	Charles Bavis (Bro	ther) 2796 1	1/2 Tivoly			
	18. 1.	4X	CAUSE	OF DEATH	Bridge Treation	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., (A) Corcerona of Rootin 2/2 yes								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	V								
z	ANTECEDENT CAUSES								
9		OR CONDITIONS, I	F ANY, GIVING		••				
ERTIFICATION	UNDERLY	ING CONDITION L	AST,						
FIG						MARKET LAND			
Ē	OTHER O	11	(C)						
EF	TRIBUTING	IGNIFICANT COND	NOT RELATED						
U		F OPERATION 0 1	9B. MAJOR FINDINGS OF OPER	ATION	<u> </u>	20. AUTOPSY? /			
AL	July	, 1948.	learcenona	of Kactum		YES NO V			
EDICAL		NT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., e		Baltimore City, give	exact location)			
ME	MINICIPE	(opechy)	about nome, far m, ractor y, att eat, once bigg., e	William Ceeck!					
2	210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	TI HOW DID INJURY OC	CUR?	Territoria.			
	NJURY		m. WHILE AT NOT WHILE						
	22 I havah	a contifer that I att		1048	29 1050	hat I last saw the			
	deceased al	ine on	tended the deceased from, 1950, and that death occur	red at 7'38 m from the or	ancee and on the	date stated above			
	23A. SIGNAT	TURE	2	3B. ADDRESS		23c. DATE SIGNED			
	- Wm). H. Ir	engez _ M.D.	1520 te. 33	80	6-30.50			
24	A. BURIAL, C	REMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	TION (City, town, or	county) (State)			
110	Burial		1950 New Cathedral	Baltimo	ore N	1d			
	TE RECEIVE	D BY BEGISTRAP	SSIGNATURE	25. FUNERAL DIRECTOR		DDRESS			
LC	CAL REGIST	Thurtu	igtor Villiams, Ma	J.Melville Jenkins	2713 Kinh A-	aBaltimana			
忧	JL 7 150	bu	8	(, ()	- ALK AV	e de la constante de la consta			



H	silva	4	50	0	5797	
			00			

1	50 5797 BALTIMORE CITY HE	EALTH DEPARTMENT					
BI	RTH NO. CERTIFICAT	E OF DEATH Registered No.					
1.	NAME OF DECEASED OBSEST A R. HILL	2. DATE OF 6/30/50					
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission					
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR IOWN (If outside corporate limits, write RURAL and gi					
14	Yrs.	D. STREET ADDRESS (If rural, give location)					
c.	gth of stay in Baltimore Mos. Days	1134 RIVERSIDE AVE					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 14 Hours Min Months Days Hours Min Min Months Days Hours Min					
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	John WM HIII	BELLE CONDON					
15 (Ye	WAS DECEASED EVER IN U, S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 215-01-790	17. INFORMANT ADDRESS OMYSMARGARET HILL SAME					
	18. 442 X CAUSE	OF DEATH INTERVAL BETWEE					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Threwa & Pulmonary Edema IWK					
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Poron clip new work in					
	ANTECEDENT CAUSES						
NO	11-10, the circ 16 Means of The						
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Cardio vascular dixare						
IFIC	(c)						
ERT	OTHER SIGNIFICANT CONDITIONS CON-						
	TO THE DISEASE OR CONDITION CAUSING IT	RATION 20. AUTOPSY?					
CAL		YES NO					
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,						
A	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? NOT WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from	6/23 , 19 50, to 6/30 , 19 Sahat I last saw t					
	deceased alive on 6/30, 19 50, and that death occur	rred at 1019m., from the causes and on the date stated abou					
	23A. SIGNATURE GERBURY M.D. 2	23B. ADDRESS Junae Horrs 23c. DATE SIGNE					
24 TI	BURIAL CREMA- 24B. DATE 240 NAME OF CEMETE DURIAL (Specify) 15/50 Glenhave	Mem Annabolis (City, town, or county) (State					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR Bleak 6009 Harlos					
-	UL 2 159950	The street of th					
J	3/	93)					

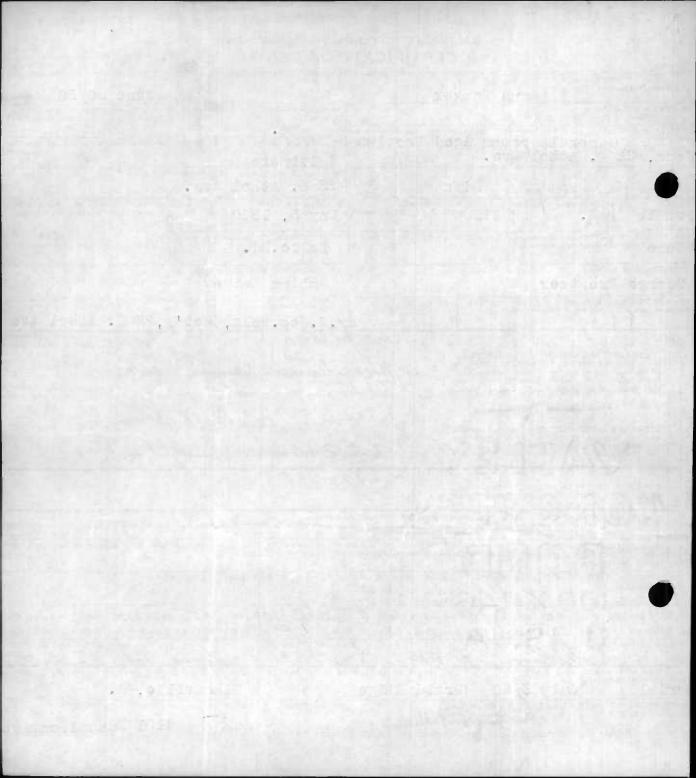




BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Anna Manger DEATH June 30/50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR General German Aged Peoplets c. CITY OR TOWN (If outside corporate limits, write RURAL and give Home, 22 S. Athol Ave. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 22 S. Athol Ave. rth of stay in Baltimore Days 5. SEX 6. COLOR DR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months Days Hours Min. MIDOWED, DIVORCED (Specify) May 3, 1860 Female IOA. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF of rions during most of working life, even if retired) INDUSTRY Balto.Md. WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Kreutzer Sabina Kaiser 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr.J.Geo.Walz.Sect'y. 22 S. Athol Ave CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 2 flow, 1950, to 30 flow, 1950, that I last saw the deceased alive on 30 Tens 1956, and that death occurred at 9 Pm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Pikesville. Id. Burial July 3/50 Druid Ridge DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR 2/024101

VS 150

937



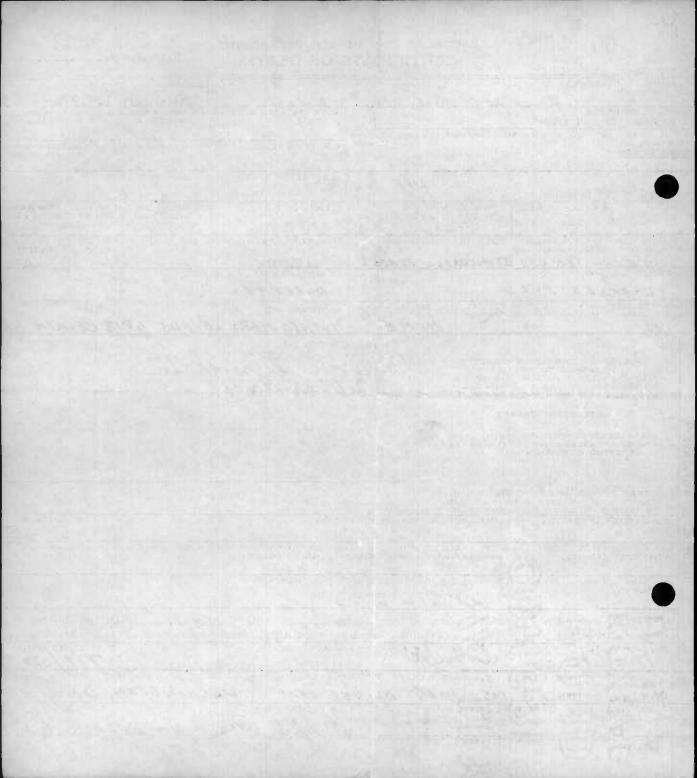
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH July 1, Mother Mary Stella, U.S.O. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN MONTHER Joseph's Baltimore
D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore Days 6813 Relair Rd. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Religious TEACHER STMICHAELS Baltimore SCHOO L 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES DOROTHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NONE MOTHER MARY LOURDS GP13 BELATR INTERVAL BETWEEN 18. 204.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT

MEDICAL 22. I hereby certify that I attended the deceased from June 6. , 1950 to July 1, , 1950, that I last saw the deceased alive on July 1. 1950, and that death occurred at 6:00p.m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED Maddeus Surniska TI OO N Caroline S 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) WASHINGTON D.C. JULY 3 1950 MOVAT OLIVET CEM.

BURIAL

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

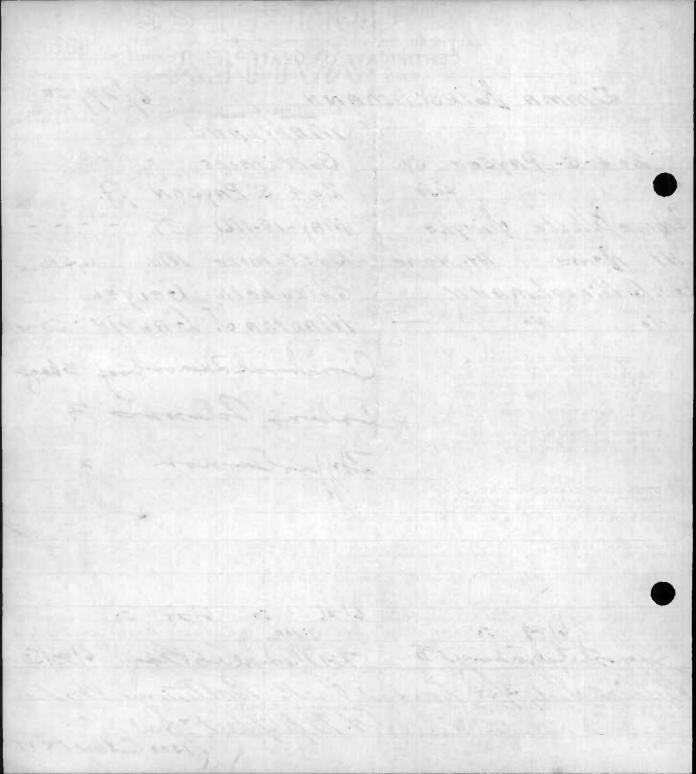
ADDRESS VS 150



K-625
50 5801 BALTIMORE CITY HEALTH DEPARTMENT

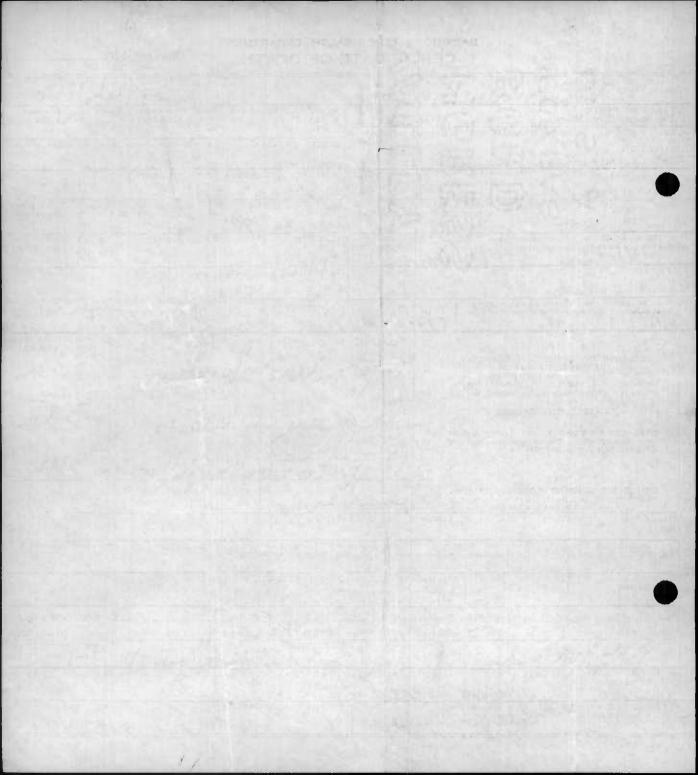
50... 5801

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Emma Kajeschma	2. DATE OF 6/29/50
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE E. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
104-S- PAYSON ST. Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. North of stay in Baltimore Days	204 S. PAYSON ST.
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year II Under I Year II Under I Year Months: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 131. HOME	Baltimore Md. LLSA.
O O L.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ghizabeth Geiger
(16 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 2217 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	excharal offenorshad 3 days
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	1 - 01 2
(B) A. U.	wang / demos ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	Intertension 3
(c)	syperior ?
OTHER SIGNIFICANT CONDITIONS CON-	//
TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from.	126 , 1950, to 6/29 , 1950, that I last saw the
deceased alive on 6/29 . 19 1 and that death occur	rred at fig.m., from the causes and on the date stated above.
SIGNATURE TO THE STATE OF THE S	3B. ADDRESS
M. D. 24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county), (State)
TON DIMOVAL (Specify)	Park Balt Uh
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Thursty ton Williams N. F.	1 15 Mich best variet \$30
UL VS 150	12 8 1 1 PD 17
man to the state of	1300 Eutaes 1417



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General D. STREET ADDRESS (If rural, give location Yrs. Mos 1402 Marshall Street igth of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months: Days Hours: Min. White July 22 Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done daring most of working life, even if retired) INDUSTRY Uphanic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Whittington lizabeth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or puknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 9-01-4131 no INTERVAL BETWEEN 18. L ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. alwas Vailano OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A: DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that I attended the deceased from 150, to_ . 100 that I last saw the deecased alive on] -____ 150 and that death occurred and A.m., from the causes and on the date stated above. 23A. NGNATURE 23c. DATE SIGNED 23B. ADDRESS WWW 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State) REGEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

150000 5083



1 5	J 2803	BALT	MORE CITY H	EALTH DEPART	TMENT	X	3003
BIRTH NO.		C	ERTIFICAT	E OF DEAT	H	Registered N	То
1. NAME OF D (Type or Print)	ECEASED P	trice	: P.	and are	2	DATE OF DEATH	y 2,1950
	City, Maryland	ira/	Fal3	A. STATE	ENCE (Wher		institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	/	, give street address of location	c. CITY OR TOWN	(If outs	side corporate limit	s, write RURAL and give township)
c. Ogth of s	tay in Baltimore		Yrs. Mos. Days	rna	ESS (If rura	l, give loostion)	
Tennale	6.COLOR OR RACE	7. SINGLE, I		8. DATE OF BIRT		AGE (in years last birthday) Mo	Under I Year It Under 24 Hours nths Days Hours Min.
10A. USUAL OC ork done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTR	II. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	iame as a	Pin	den	14. MOTHER'S MA	AIDEN NAME		Table 8
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? I	6. SOCIAL SECURITY NO.	17. INFORMANT	HNS HOPKI	NS HOSPITAL A	DDRESS
C DISEASES RISE TO TUNDERLY OTHER S TRIBUTING	I SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which complication which complication which complication which complication which complication is a second to the complication of the complication of the complication is a second complete the complete compl	TH f dying, e.g., ns the disease, aused death.) SES F ANY, GIVING STATING THE ST. TIONS CON- NOT RELATED		diac Fallowing	//	e cotha isease	
	FORERATION 3		MOUNTS OF OPE	Heart	Hise	Pasc	20. AUTOPSY?
21A ACCIE LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		E OF INJURY (e. g., a, factory, street, office bldg		DID (If in		rive exact location)
21p. TIME (Month) (Day) (Year)	WHI	LE AT NOT WHILE AT WORK		INJURY O	CCUR?	
deceased al	y certify that I att ive on P	ended the de	ceased from 6	-30 - ,195 urred at 9:35 m	Ato 7 , from the co	auses and on th	that I last saw the date stated above 23c. DATE SIGNED
24A. BURIAL, CITION REMOVAL (S	D BY REGISTRAR	1950 S SIGNATURE	CAL Lel	lows 25. FUNERAL DIF	Some	TION (City, town,	or county) (State)
163-1950	J'hand	trugton 1	Misure, No	June J. Te	chner?	Hore B	alter ful
VS 150		4 1, 1	To the manual of	/			157E

157E

Cardiac Failure fectoring operation forganilal Hart Gisea se

conquisted Heart Hisease

7/1/50

emp8avc

X

H-63500A

BALTIMORE CITY HE	EALTH DEPARTMENT 50 5803
CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED Hanganet A. M.	artman 2. DATE OF DEATH Sune, 30-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where decessed lived, if institution; residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 5-20 M. Glover St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. Days	520 M. Glove St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours It Under 3-1879 71 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Enistopher Medicus	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED PORCES? Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL SECURITY NO.	Henry Hartman 5410 Gerland Coc.
18. 4 20 0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	en coolerate Heart Desere 5 yes.
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	12m.
OTHER SIGNIFICANT CONDITIONS CON-	revolved britercacleron 5 yes.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	RATION 20. AUTOPSY? YES NO P

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE

WHILE AT AT WORK

22. I hereby certify that I attended the deceased from.

deceased alive on 124 30 19 50 and that death occurred at 1 am 23A. S GNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

238. ADDRESS

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

3019 3 Chat I last saw the

from the causes and on the date stated above. 23C DATE SIGNED

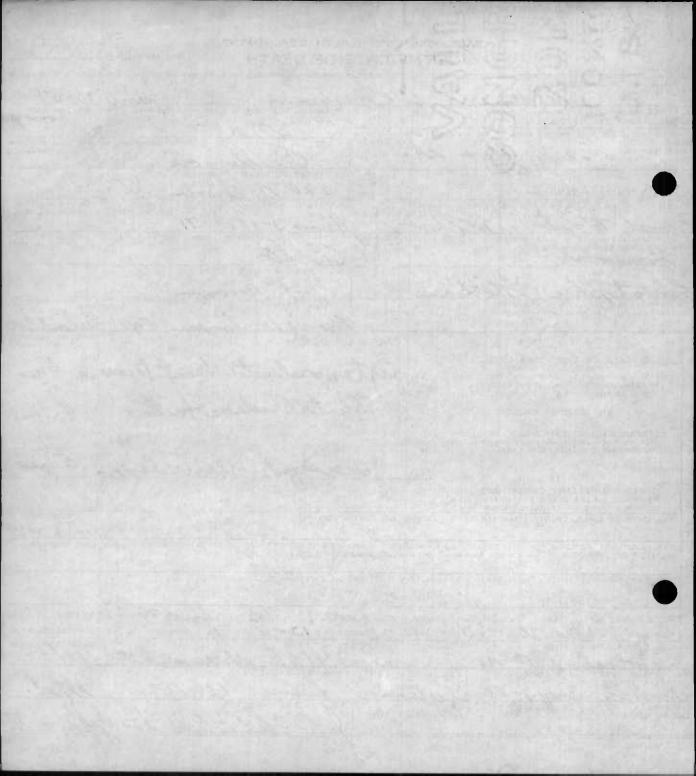
(If in Baltimore City, give exact location)

24C, NAME OF CEMETERY OF CREMATORY FUNERAL DIRECTOR

VS 150

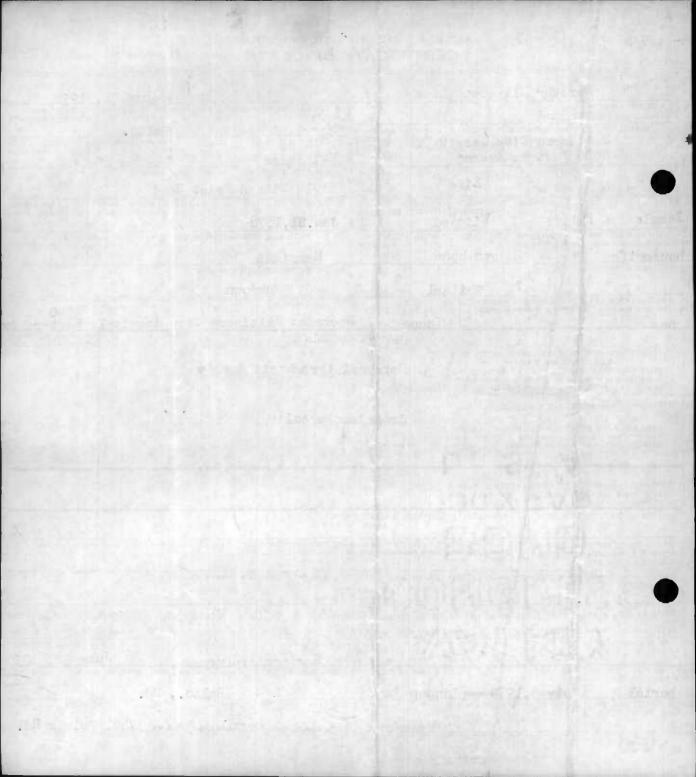
MEDICAL

ADDRESS



y 50 5805

A- 139206	30 3803	BAI		EALTH DEPARTMENT		
BIRTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
NAME OF DE Type or Print)			*		2. DATE OF	
B. PLACE OF DE	Dorothy El	izabeti	n nome		DEATHJune 3	0, 1950
. Baltimore Ci	ity, Maryland	al on in atitue	ion, give street address or	4. USUAL RESIDENCE (B. COUNTY	nstitution: residence before admission)
HOSPITAL OR NSTITUTION	Baltimore Ci	ty Hos	nitals location)		Balto. If outside corporate limits,	write RURAL and give
2 (4940 Eastern	Avenue	3	Baltimore	mino de	township)
		*	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	ay in Baltimore	Lii	Days	1714 Wilson P	oint Road	300
Female	Mhite	Wide	E, MARRIED, /ED, DIVORCED (Specify) DWOd	Jan. 21, 1878	9. AGE (In years last birthday) Mon	Inder 1 Year Hunder 24 Hours ths Days Hours Min.
OA. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
housewife		own h		Maryland		WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	NAME	
	?	Whi	tzel	Unknown	?	
e, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS4940
na			none	Records: Baltimon	re City Hospita	als Eastern A
18. 332	×			OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION I	DIRECTLY				
(This does n	not mean the mode of e, asthenia, etc. It mean	f dying, e. g	., (A) Cerebra	1 thrombosis due	to	
injury or c	complication which ca	aused death	DUE TO			
A	NTECEDENT CAUS	ES				
DISEASES	OR CONDITIONS		(B) Arterio	sclerosis	********	
RISE TO THE	OR CONDITIONS, IF	STATING TH	IE DUE TD			
UNDERLYI	NG CONDITION LAS	ST.	(C)		***********************************	
	- 11					
TRIBUTING '	GNIFICANT CONDITED THE DEATH, BUT I	NOT RELATE	D			
19A. DATE OF	OPERATION _ 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	0	, , , , , , , , , , , , , , , , , , , ,	. Memor of of En			YES NO X
21A. ACCIDE LYING OR CAUSE OF D	NT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City, gi	ve exact location)
210. TIME (M	fonth) (Day) (Year)	(Hour)	2 1E. INJURY OCCURRI	ED 21F, HOW DID INJUR	Y OCCUR?	
NJURY		m.	WORK NOT WHILE			
22 I harchar	contifue that I att			e 25 , 1950, to	Toma 20 10 00	46-471-4
deceased alia	ne on June 30	10 50	and that death seems	red at 5 Pm., from	the access and on the	that I last saw the
23A. SIGNATU		2/		3B. ADDRESS	the causes and on the	23c. DATE SIGNED
	(St. 1	103		940 Eastern Aven		June 30. 1950
4A. BURIAL, CR	REMA- 248. DATE	0 2	24c. NAME OF CEMETE	RY DR CREMATORY 24D. L	LOCATION (City, town, o	r county) (State)
burial	July 3.1	950	Loudon Park		Balto. Md.	
ATE RECEIVED	BY REGISTRAR'S	SIGNATU		25 FUNERAL DIRECTOR		ADDRESS
OCAL REGISTR	AR Phus	tuston	Williams M. M.	Land KF	weed Name 71:00	l Belair Rd.
3 xs 0550		-	7,110	The same of the sa	140.	_ DOZUII
9 " 1330						833

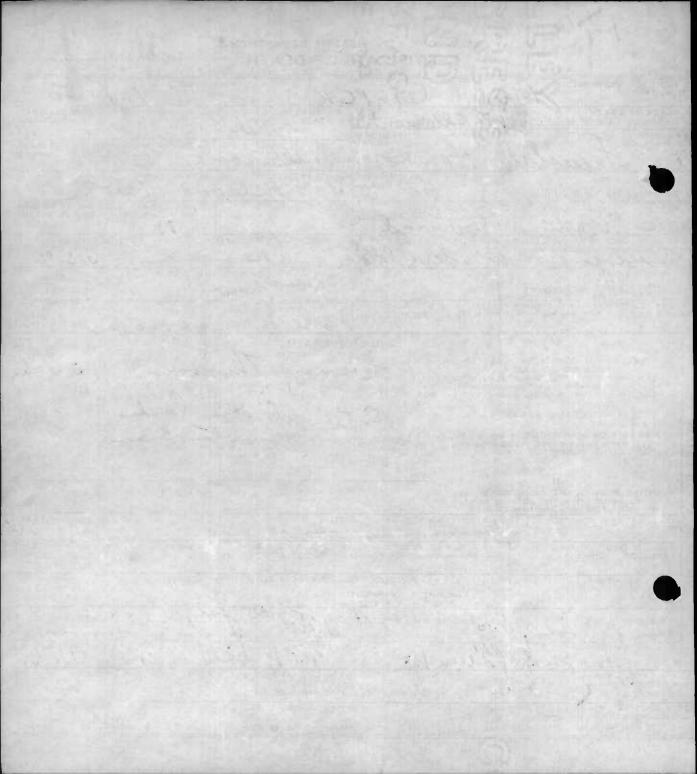


BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or location) C. CUTY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION Yrs. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED 108. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME S. MAIDEN NAME now 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, form, factory, street, office hidg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) NJURY NOT WHILE! AT WORK 22. I hereby certify hat I attended the deceased from 19 O that I last saw the and that death occurred at 10 deceased Aive on m., from the eauses and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-CREMA-24c. NAME OF CEMETERY 1surus DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR



4-45 5807

BALTIMORE CITY HEALTH DEPARTMENT

50 5807

50

	CERTIFICAT	E OF DEATH	Registered No	0
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	L'ilienfe	u	2. DATE OF DEATH	2-50
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	Where deceased lived. If in B. COUNTY	nstitution ; residence before admission
B. FULL NAME OF (If not thospital or institution flat balto Lee	location	c. CITY OR TOWN (1	f outside corporate limits,	write RURAL and giv
c. Eth of stay in Baltimore	15 1/2 Yrs.	3404 Kyn	rupol, give leation)	Coad
to la widow	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH		ths Days Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KINi ork dene during most of working life, even if retired)	O OF BUSINESS OR INDUSTR		foreign eounty)	2. CITIZEN OF WHAT COUNTRY
Max Sugar		14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Estion look	- James
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	g., (A) Cure	OF DEATH	it-mitaet	INTERVAL BETWEE ONSET AND DEAT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVI	(B)	*		(****)
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO			
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ŁD			
	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE. 21B. PL HOMICIDE (Specify) about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	deceased from and that death occu	6-2, 1950, to rred at /5m., from	7-2, 1950 , the causes and on the	that I last saw the date stated above
23A. SIGNATURE	м. р.	238. ADDRESS Left Bilto	. Gen.	7-2-50
244 BURIAL, CREMA- 24B. DATE TION REMOVAL (Strongly) 7-4-50	Welling	tows 24d. I	LOCATION (City, town, o	recounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATI	JRE J	FACK LEWIS O	De 2100 1	outan B
3 - 150 vs 150	esterine //			

Called WB5H on 10/19/50 Primary site one street lungs revored 3 yr ofo

AB-128920	,	
4-2	613	5808
BIRTH NO	. /	. 3 43 0 0

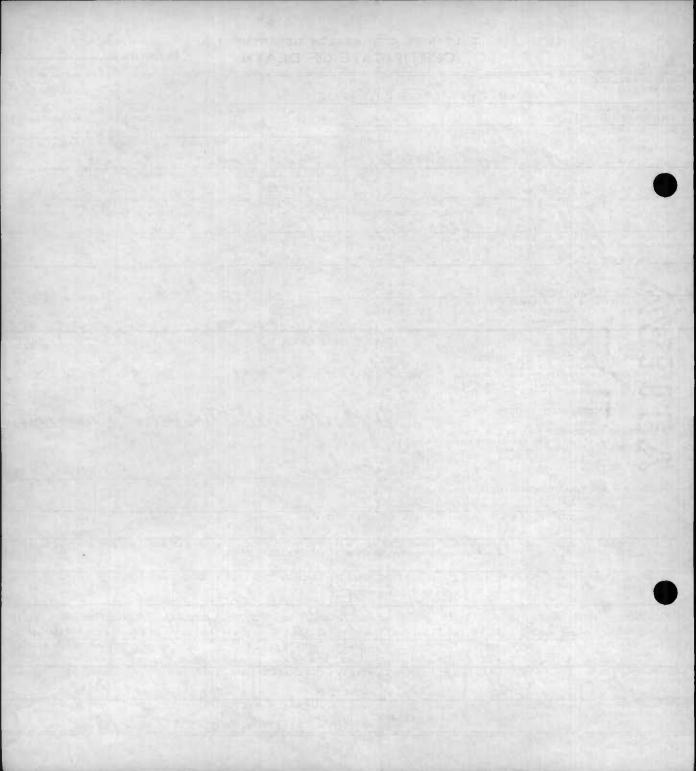
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

50 5808

IRTH NO.		17. 335		E OI DEAT		1111111111111		
NAME OF DECEA		rt Duck	worth		2	OF Jun	e 30-195	60
NSTITUTION Ba	Maryland (If not in hospital ltimore C	ity Hos	tion, give street address or pitals	C. CITY OR TOWN		re deceased lived b. COUNTY	. If institution befo	: residence ore admission)
	40 Eastern	Lif	Yrs. Mos.	Baltimore D. STREET ADDR			-03	
	Nhite	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 21-186	Н 9	. AGE (In years last birthday)	If Under I Year Months Days	If Under 24 Hours Hours Min.
OA. USUAL OCCUPA	TION (Give kind of ng life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (87 gn country)	12. CITIZ WHA	EN OF
(Hacknown)	Duck	vor Th	(D	14. MOTHER'S MA	MIDEN NAMI		1 2019	(D
5. WAS DECEASED EVE	R IN U. S. ARMED yes, give war or detes	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Baltimor		appress spitals	
(This does not repeat failure, ast injury or complement of the com	CONDITION IDING TO DEAT nean the mode of henia, etc. It mean ication which con CEDENT CAUS CONDITIONS, IF OVE CAUSE (A) CONDITION LAS	'H f dying, e. g ns the discas aused death ES ANY, GIVIN STATING TH	c) DUE TO Pulm	sclerotic He onary Edema CER		APPROVED		
OTHER SIGNIF TRIBUTING TO T TO THE OISEASE	II ICANT CONDIT HE DEATH, BUT I	NOT RELATE		of right fem	ur	ICOIONE DAMINIS	Ñ.	
June 19-195	7	D 1	FINDINGS OF OPER		777		20. 7	AUTOPSY?
21A. ACCIDENT V LYING OR CON CAUSE OF DEATI	WAS UNDER	ebout home, in Balt in	ce of right fer ACE OF INJURY (e.g., in form, factory, etroet, office bldg., fore City Hosp 21E. INJURY OCCURR	itals 494	O Easte:	Baltimore City timore City rn Ave.	ty Hospi	location)
6-1	9-1950	100m.	WHILE AT NOT WHILE	Patient	fell on	ut of bed		
deceased alive on 23A. SIGNATURE	tify that I atte	, 1950	deceased from 5-1:	red at 1.20PM.	9, to 6-9, from the c			ated above.
4A ABURTAL CREMA	24B. DATE	Class	elec M.O.	4940 Eastern		ATION (City, to	7-2-	_
ATE RECEIVED BY	7/3/5	0	PACE NAME OF COMMENT	25. FUNERAL DIR	100	eto. ?	ADDRESS	
3 - 1950	1 mind	water	Williams, Mrs.	Um Cook	Dic. 12	17 3.	Paul	st.
VS 150	To be	approv	eo by the Hec	10ar mamine	*		92	D

Retient was mentally confused due to semile brain degeneration and continued to get a of bed against orders. On one occasion while getting out of bod he fell and brake his femur- Fall was from bod floor.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY Mefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township! Yrs. ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 5. SEX 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours | last birthday) | Months; Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Nouge wit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ulmis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) Eu burnis SECURITY NO. Q. Q. Co. INTERVAL BETWEEN 18. OF DEATH 260 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ium arteri velentie ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICA П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from 11 MARCA, 1950, to 2 . 19 Le. that I last saw the deceased alive on 2 200 1950, and that death occurred at 5.27 cm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 1Dunux DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Luciticator / Yelland, Mall N5350 1950



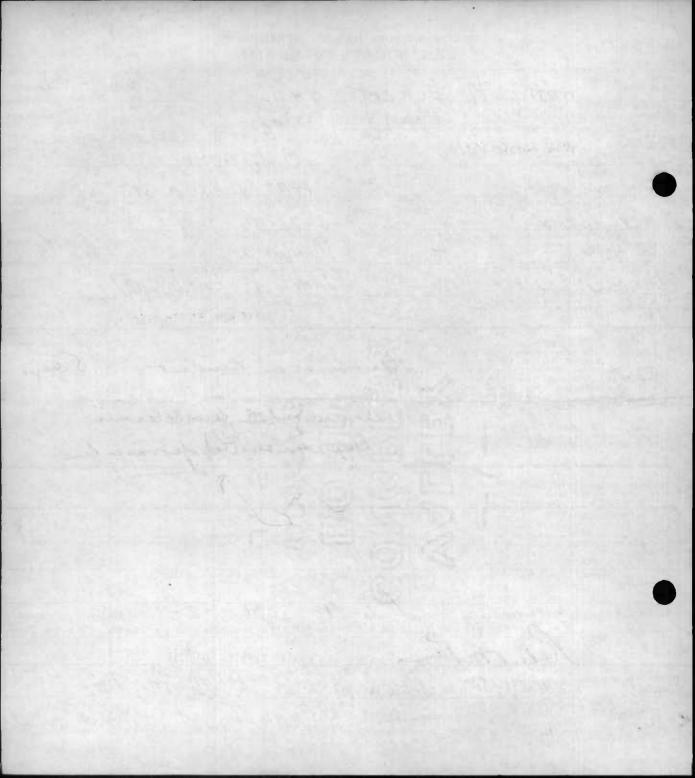
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Arlie P Pippin June 30,1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN 3035 Windsor Avenue INSTITUTION township) Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Li fe Mos. th of stay in Baltimore 3108 Walbrook Avenue Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours Min. October 13,1866 Female White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) Store WHATACOUNTRY? Saleslady Retired Department Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Pentz Daniel L. Holden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. I. Pentz Pippin 112 Linwood Avenue No 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS NONG 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT 22. I hereby certify that I attended the deceased from June 24, 1960 to June 30, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 7:30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED W. North we. abraham D. Hurwits 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town for county) Baltimore Md. July 3,1950 Druid Ridge Gemetery Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR 1217 St. Paul St. Wm. Cook Inc. 11 VS 150

Winker Red Home 3025 Wondson Are man been to did not been a Beech, some near 3 & cost with the same . . ··· Minimum Combon to of comme WELL SO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5811

Registered No. 2. DATE (Type or Print) ECKPHT. OF 5-42647 DEATH
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 1d. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give JOHNS HOPKINS MOSPITAL INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. rth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRAED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. DA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) H. BIRTHPLAGE (State or foreign country) 108. KIND OF BUSINESS OR 12 CUTIZEN OF INDUSTRY 13. FATHER'S NAME MOTHER'S MAUBEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no prophnown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. JOHNS HOPKINS HOSE TAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 6 - 29-1930to 7-2-____. 19.5 that I last saw the deceased alive on 7-2-, 1950. and that death occurred at 450 fm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 246) LOGATION (City, town ur county) OF CEMETERY OR CHEMATORY (State) REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE



50 5812 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE BROWN (Type or Print) BLANCHE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE /Where deceased lived. If Institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4323 Falls Rd. gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORGED (Specify) last birthday) Months: Days Hours! Min. Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BYRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewi lary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FOR ES? (Yes, no or unknown) (If yes, give wer or detes of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

INTERVAL BETWEEN ONSET AND DEATH Endir-Vascalar Disease DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 411 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 19.20, to_) - 2, 1979, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 1 m., from the causes and on the date stated above, 7-7-5019 deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREATA

21c. WHERE DID

INJURY OCCUR?

21B. PLACE OF INJURY (e. g., in or

ebout home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT, SUICIDE,

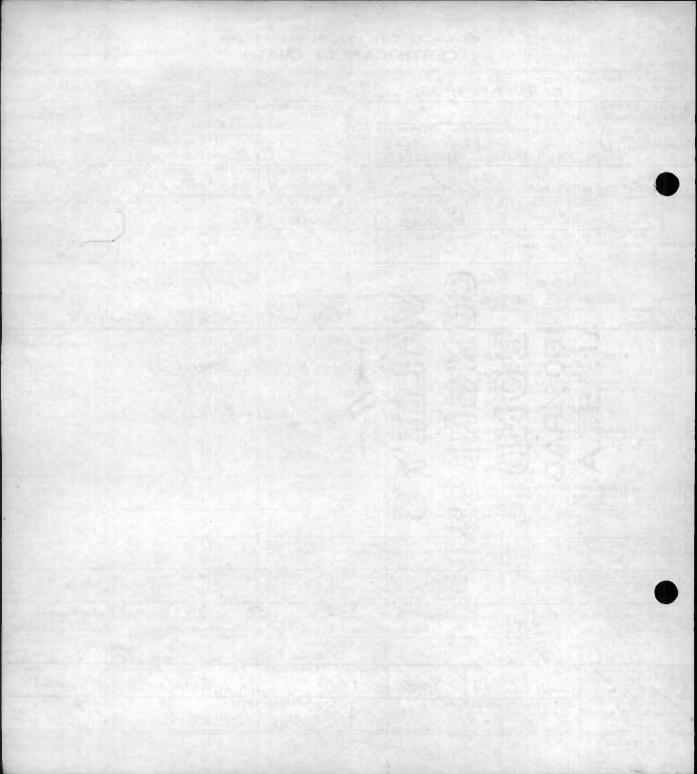
(Specify)

HOMICIDE

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 BUNERAL DIRECTOR ADDR LOCAL REGISTRAR 111 VS 750

YES

(If in Baltimore City, give exact location)



-46 50 5813 BALTIMORE CITY HEALTH DEPARTMENT 5813 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF William F. Fowler July 2, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township: 929 Webb Court Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore 929 Webb Court Life Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 7/25/1883 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY Carpenter (Retired Sign Co Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or ookoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or ookoowo) Mrs. Catherine Fowler 929 Webb Ct. No CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from I hwart, 1979, to July 2, 1950, that I last saw the deceased alive on July 2. 1950, and that death occurred at 2 m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR Baltimore

ADDRESS

Stansbury 2700 Edmondson Av.

24A. BURIAL, CREMA-

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

24B, DATE

REGISTRAR'S SIGNATURE

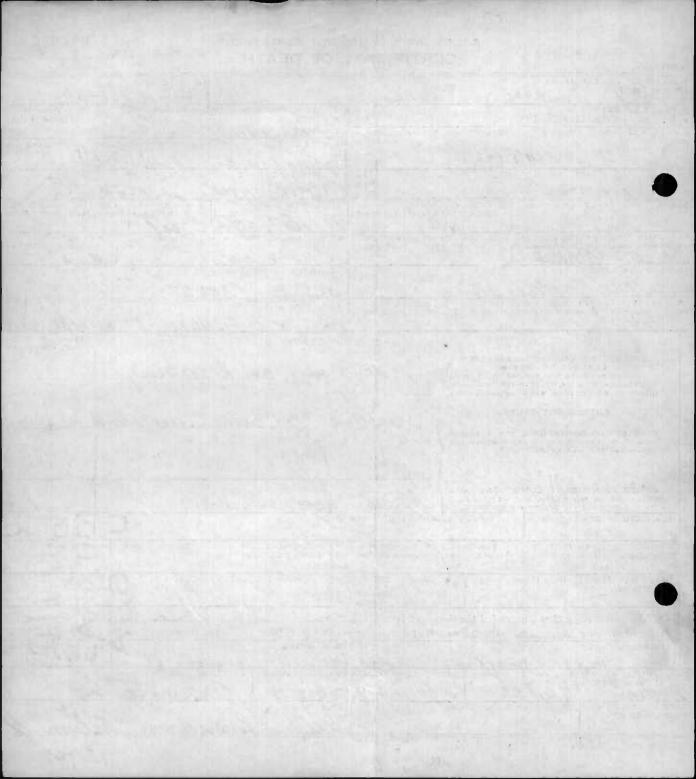
- MA 2 Largerite Series (Series) North Signification and American F-260 5011

50 5814

137a

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

BIRTH NO. CERT	IFICATE	OF DEATH	H Ke	gistered No.	
1. NAME OF DECEASED .			2. DATE		
(Type or Print) CHARLES FISH	-0		OF	7,	-50
3. PLACE OF DEATH:		4. USUAL RESIDE	DEAT	11	
A. Baltimore City, Maryland		A. STATE		OUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give st		MARYLAN	0		
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN	(If outside cor	porate limits, w	rite RURAL and give
JI ST. JOSEPH'S HOSP.		BANTIM	08 =	10-1	township)
	Yrs.	D. STREET ADDRES		location)	
c. gth of stay in Baltimore	Mos. Days	LITTE CO	STERS OF	= 0000	
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRI	ED. I E	B. DATE OF BIRTH	9. AGE ((In years It Unde	or 1 Year If Under 24 Hours
WIDOWED, DIVO	RCED (Specify)	11/11/18	Cho last hi	rthday) Month	s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUS		1/10/10	07 80		
work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (St	ate or foreign coun	(ry) 12	CITIZEN OF WHAT COUNTRY
BOILER MAKER		MARYLA	2ND	1 6	US A
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		
LEONARD PISHER	4-12-11-11	JESSE	YAEGER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL	O LOU Z	MULTER		
(Yes, no or nuknown) (If yes, give war or dates of service) SEC	CURITY NO.	11. INFORMANT		ADDF	
NO		AUSTIN P.	FISHER-	867 N	· MADERIA
18. 6/0× .	CAUSE O	F DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	ACUTE	- URINARY	RETENT	700)	
heart failure, asthenia, etc. It means the disease.					***************************************
injury or complication which caused death.) DUE	. 10				
ANTECEDENT CAUSES	0-1.0	. 80			
O DISEASES OR CONDITIONS, IF ANY, GIVING	1) /3en(G/	N PROSTA	FTCC HYP	ERTROPHY	<u> </u>
RISE TO THE ABOVE CAUSE (A) STATING THE DUE	то				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
<u>F</u>	C)				
OTHER SIGNIFICANT CONDITIONS					
OTHER SIGNIFICANT CONDITIONS CON-	201500	Anona inca			TO 125 YOUR DESIGNATION OF THE PERSON OF THE
O TO THE DISEASE OR CONDITION CAUSING IT.	GARRAS L	HETERIOSCI	LEROSIS		
19A. DATE OF OPERATION 19B. MAJOR FINDING	GS OF OPERA	IION			20. AUTOPSY?
U all accident cities I all black and		Late Wilson or	- (10 ' T) 14'	G't	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF II about home, farm, factory,			? (II in Baltil	nore City, give	exact location)
Σ					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJU	JRY OCCURRED	21F. HOW DID	INJURY OCCURT		
WHILE AT	NOT WHILE	7			
		23 150	2-1		
22. I hereby certify that I attended the deceased				, 19 3_ Qti	hat I last saw the
deceased alive on 6-30, 19 50 and that	death occurre	ed at 4 Am.,	from the causes	and on the o	late stated above.
23A. SIGNATURE	231	B. ADDRESS	n , -	G4 2	3c. DATE SIGNED
I bough they a	м. р.	400 Nr (aro cen	8	7-1-50
24A. BURAL, GREMA- 24B. DATE 24C. NAM	E OF CEMETERY	Y OR CREMATORY	24D. LOCATION	(City, town, or	county) (State)
BURIAL 7/3/50 MOUI	NAIN	CHURCH	KINIGSV	ILLE 1	MD
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRE			DDRESS
LOCAL REGISTRAR	-	7/11.14	lune. 111.	2. 3	1091 11
- 111 2 - 1050 Landon to Mile	A STATE OF S	MANUEL / N	muchiso	m on	sum 10
Vs 150 - 1950	and a many 111 Paper				

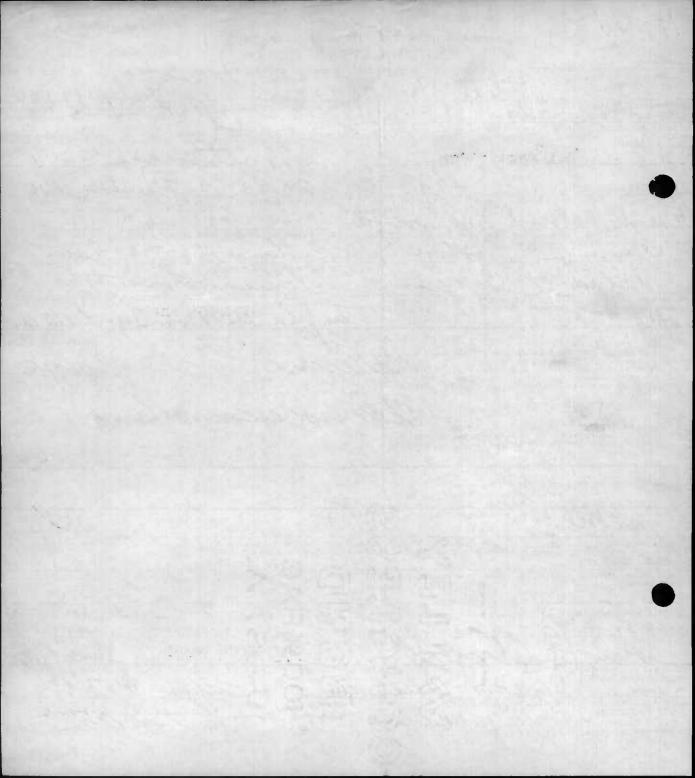


BALTIMORE CITY HEALTH DEPARTMENT

50 5815

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOMAS HOPKIRS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give-location) Mos. th of stay in Baltimore Days SINGLE, MARRIED. WIDOWED DIVORCED (Specify 6. GOLOR OR RACE 9. AGE (In years) If Under I Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Jauseni Les 13. FATHERYS NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL en Halrord 2033 Fulton SECURITY NO 18. INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinony Corry DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OFERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JNJURY WHILE AT NOT WHILE AT WORK WORK 6-4-. 19 50 to 7 - 1 - , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ declused dive on_ 1950. and that death occurred at 10.5 m., from the causes and on the date stated above, 23A SIGNATURE 23B. ADDRESS URIAL, CREMA-246 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR

A THE STATE OF SMITH

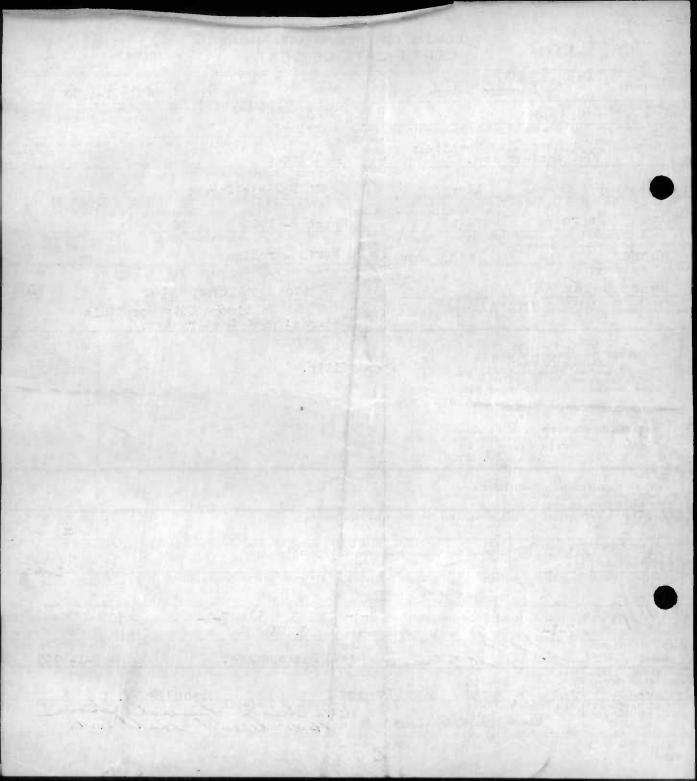


AB-138572

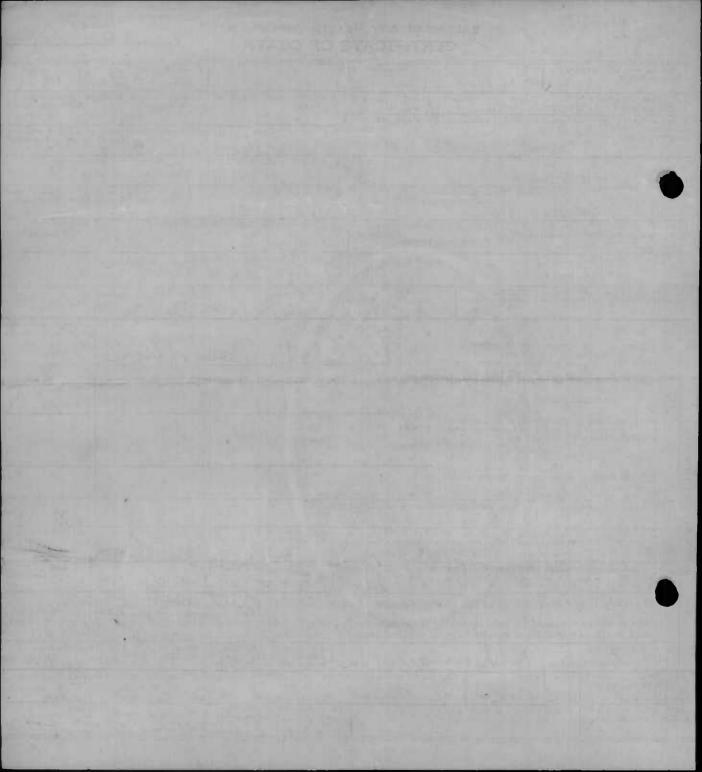
13-3	5816			EALTH DEPARTMENT E OF DEATH	50 Registered N	5816
BIRTH NO.			CERTIFICATI	E OF BEATH		MATERIAL PROPERTY.
NAME OF D Type or Print)		enzo Ba	ker		OF July	1-1950
Baltimore	City, Maryland			4. USUAL RESIDENCE (V		
FULL NAME	OF (If not in hospital	al or instituti	ion, give street address or		B. COON 1	before admission)
NSTITUTION	Baltimore C	ity Hos	loontion)		outside corporate limits	
	4940 Easter	n Ave.	progra	Baltimore	13-6	township)
			Yrs.	D. STREET ADDRESS (If		
th of s	stay in Baltimore	12y	rs. Mos. Days	2526 Francis St	reet	
S. SEX	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours ths: Days Hours Min.
Male	Negro	Marri		March 8- 1920	30	ichs Days Hours Min.
	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	II. BIRTHPLACE (State or fo		12. CITIZEN OF
Laborer	of working life, even if retired)	Ste	el worker	North Carolina		USA.
3. FATHER'S		200	OT WOLKOT	14. MOTHER'S MAIDEN N	AME	USA.
Henry	Baker		(D	Rockanna C	arnenter	(D
5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL			1-
es, no or unknown)	(If yes, give war or deter	of service)	SECURITY NO.	Records: 4940 East	re City Hospi	tals
18. 42.	2- 2/		CALIEE	OF DEATH	stern Ave.	INTERVAL BETWEEN
(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT a not mean the mode o are, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e. g ns the disease aused death ES ANY, GIVIN STATING TH	(B)	ditis.		
TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
						YES NO
	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i erm,factory,street,office bldg.,		If in Baltimore City, g	ive exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	` '	VHILE AT NOT WHILE		Y OCCUR?	
22 I havel	or acordifar that I		deceased from 6-3	= 10.50 4. 7	1- , 19_5(That I last saw th
deceased	line on 7-1-	to so	and that don't access	rred at 7.20Am., from t	he sauces and on the	e date stated above
23A. SIGNA		, 19.00.		238. ADDRESS	ne causes and on th	23c. DATE SIGNED
	US.	(26		1940 Eastern Ave.		7-1-1950
24A. BURIAL,		Q.		RY OR CREMATORY 24D. L	OCATION (City, town,	
Removal	July 3	1950	Family 1	ot	Zebulon N.	C
ATE RECEIVE	D BY REGISTRAR	SSIGNATU	IRE.	25 EUNERAL DIRECTOR	of Still	aver are
	1051					

JUL 13 - 1950

6903A



50 5817 BALTIMORE CITY HE	20 1 1 27	
BIRTH NO 300 CERTIFICATI	E OF DEATH Registered No.	
1. NAME OF DECEASED TOHN	TT 2. DATE July 1, 1950	0
3. PLACE OF DEATH: A. Baltimore City, Maryland himesite Heapital	A. USUAL RESIDENCE (Where deceased lived. If intitution: residence B. COUNTY before admission	on)
a. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and g.	-i
University Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and grownships) Baltimore Grownships	
Yrs.	D. STREET ADDRESS (If rural, give location)	
congth of stay in Baltimore Days	725 Waesche Street	
5. A 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year I	
Male Colored	Aug. 12, 1918 31	
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	RY1
Laborer Contractors	Augusta, Ga.	_
Willis Tutt	Gertrude Cobb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 218-01-5919	Mrs. Gertrude Norris, 725 Waesche St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	llet wound of back	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	TO I	?
21a. EXTERNAL CAUSE WAS PRIMARY POR CONTRIBUTING about bome, farm, factory, etreet, office bldg, e Street 21b. TIME (Month) (Day) (Year) (Hour) 21b. TIME (Month) (Day) (Year) (Hour) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED NOT WHILE AT WORK AT WORK	George and Biddle Streets Z1F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated about a coident suicide, homicide, undetermined . 238. CHIEF MEDICAL EXAMINER	
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ASSISTANT MEDICAL EXAMINER July 1, 1950	e)
DATE RECEIVED BY RESISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Funeral AD RESSUMME	-/
VS 15 UL 9 - 1951	105 April sorry were	
N - 876. 4 9702	166	



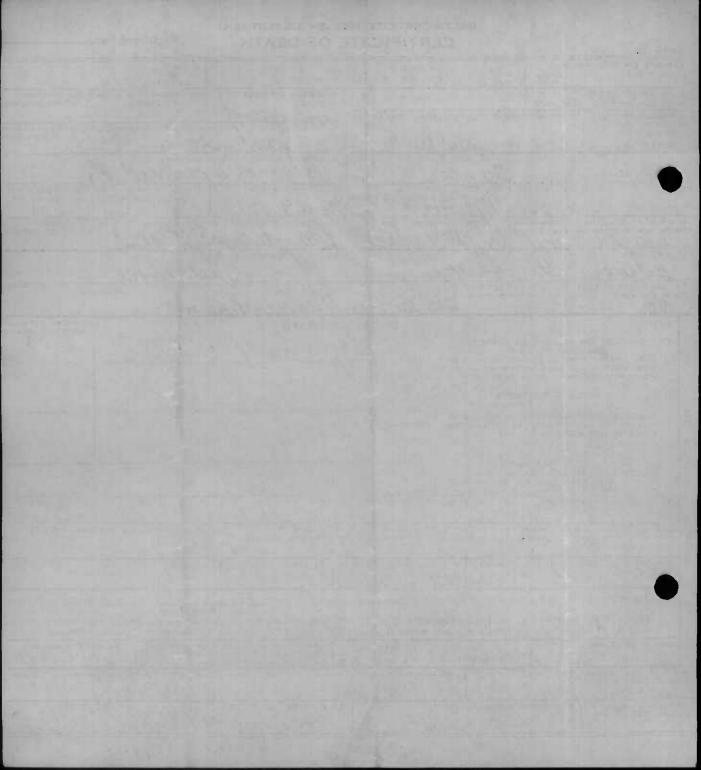
BALTIMORE CITY HEALTH DEPARTMENT

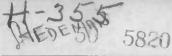
50 5818

CERTIFICATE OF DEATH Registered No-BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) June 30. 1950 Pearline Solomon DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL ORBaltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1040 Eastern Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 4 W. Henrietta Street (30) gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Munder | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. Female Negro Oct. 7, 1930 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Bond Josephine Peoples 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANBALTIMOTE City Hospitals Records: 4940 Eastern Avenue SECURITY NO. 18. 002 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Pulmonary Tuberculosis heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 1950 to June 30 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from June 23 deceased alive on June 30 19,50 and that death occurred at 10:05 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

Burial 1/4/1980 Mount Edition it. a. Co. mos.

5-150 58:19 B	CERTIFICATI	EALTH DEPARTMENT	50 Registered No.	5819
1. NAME OF DECEASED	10,40,5	1	2. DATE OF	1 10 0 000
3. PLACE OF DEATH:	762166 2	4. USUAL RESIDENCE W	DEATH V 4	itution: residence
B. FULL NAME OF ('f not in hospital or insti	tution, give street address or	* Marculand	B. COUNTY	before admission)
HOSPITAL OR INSTITUTION	location	C. CITY OR ON NO (III	outside corporate limits, w	rite RURAL and give township)
university thosp	Yrs.	D. STREET ADDRESS (IE	oce 18-	0.5 (0) (1)
agth of stay in Baltimore 250	Mos. Days	, 948 W.L	ombard In	<i>†</i>
	SLE, MARRIED OWED, DIVORTED (Specify)	and 4/9/7	9. AGE (In years li Under last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10 F)	ND OF BUSINESS OR INDUSTRA	11. BIRTHPLACE State or fo	orden country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	x / ruck	LAURINGO MOSO	Month Conglina	
Edward V. She	upe.	May Sh	isma bo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, so or unknown) (If yes, give war or dutes of service)	16. SOCIAL SECURITY NO.	MANEORINANT ()	ADDE	RESS
No	212-12-9041	Munne J. S.	kuse	
18. 470 1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTS LEADING TO DEATH (This does not mean the mode of dying,		otonaty 1	Disedice	
heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,			/
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		•••••••••••••••••••••••••••••••••••••••	······	
The substitution of the su				
OTHER SIGNIFICANT CONDITIONS	(C)			
TRIBUTING TO THE DEATH, BUT NOT REL. TO THE DISEASE OR CONDITION CAUSING	ATED			
19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPERA	ATION		20. AUTOPSY?
	PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., et	or 21c. WHERE DID (I.	f in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour)	1 21c. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUP?	
OF INJURY m.	WHILE AT NOT WHILE			
2. I certify that I took charge of the	ne remains described a	bove, held an Ily S		hercon and from
the evidence obtained by said Au and death in my opinion resulted	itopsy, Inspection or In I from: natural causes	rauiry, find that said de	Inspection or Inquiry ceased died on the dominated, homicide , unde	ay stated above, termined □.
23A. SIGNATURE	mer, J. M.	238 CHIEF MEDICAL E ASSISTANT MEDICAL E	EXAMINER 23c. D	ATE SIGNED
244 BURIAL CREMA- 248 DATE TOT. REMOVAL (Specify) 4 -1950	Colo Grove CEMETER		Malma mul	(State)
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	1126 N. Ol	DRESS AT
VS 151	on Whitener Wa	/smeremont	Uf + unual	Survice
.5.151	6836	6	949	





VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH /77X

50 5830 Registered No. 20

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:			
(a) Baltimore City, Maryland 3920 Yolando Rd.	(a) State Md (b) County			
(b) Street address.				
(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)			
0 3920 Yolando Rd.	7020 Valanda Pd			
ngth of stay in Baltimore (yrs., mos., or days)	(d) Street No. (If rural give location) (e) Citizen of foreign country. (Yes or No) If yes, name country.			
3 (a) FULL NAME J. LAWRENCE HEDEMA	N E E E E E E E E E E E E E E E E E E E			
3 (b) If veteran, name war 3 (c) Social Security Account	MEDIÇAL GERTIFICATION			
no No. no	20. DATE OF DEATH JULY 1 1900, at 200 PM			
4. Sex 5. Color or race 6 (a) Single, married, widowed, or male divorced. widowed	21. I certify that death occurred on the date above stated; that lattend-			
	ed deceased from Mul 12 19 0, 10 July 1 19 00,			
6 (b) Name of husband or wife Rose A. Hedeman	and that I last saw hair alive on flore 30 1940			
6 (c) If alive, give age years	Immediate cause of death Duration			
7. Birth date of deceased (mo., day, yr) Nov. 28, 1869	The content of the same			
8. AGE: Years Months Days If less than one day 80hrmin.	Due to Comma of proble			
9. Birthplace Maryland				
(Town, county, and state)	Due to			
10. Usual Occupation Clerk - Lumber Inspector				
II. Industry or business Lumber	Other Conditions			
12. Name Henry Hedeman	(Include pregnancy within 3 months of death) PHYSICIAN			
13. Birthplace Md.	Date of operation			
14. Maiden Name Mary	Major findings of operation: acause to which death should be			
2 15. Birthplace Md.	of autopsy: charged statis-			
16 (a) Informant Mrs. Dorothy H. Champness	22. If death was due to external causes, fill in the following:			
(b) Address 1388 Pentwood Rd.	(a) Accident, suicide, or homicide			
Burial (b) Date thereof 7/5/50 · (month) (day) (year)	(b) Date of occurrence			
(c) Cemetery or crematory Woodlawn Cem. Woodlawn, Md.	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public			
	place?			
18 (a) Funeral director M. J. Mury Xms	(e) Means of injury			
(b) Address South VI A.	23. Signature WIC / Johnst			
19 (1) Dat rec & & Distrar & Litington Williams of	Address 701/v. Ferrand an Date signed 1/1/12			

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

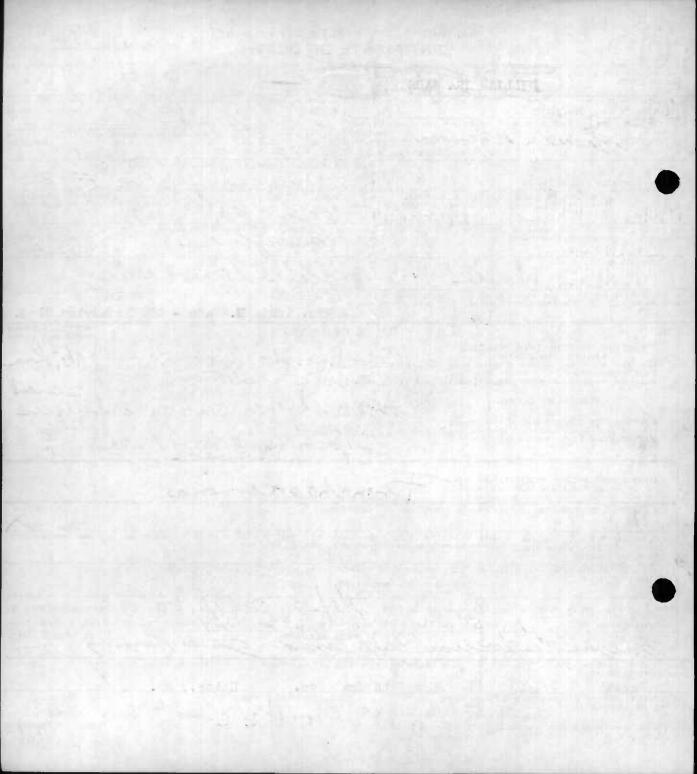
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

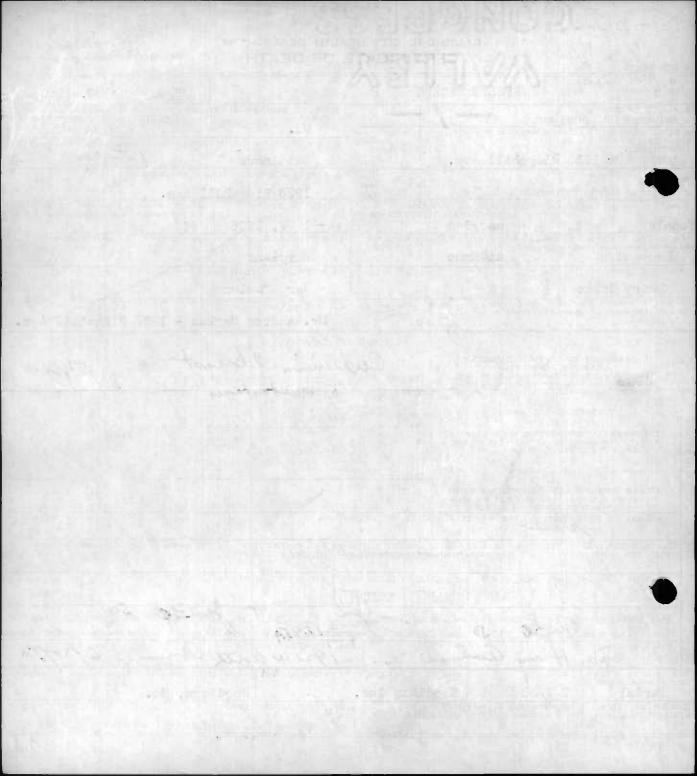
V-300

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM THA WADE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF anno HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years Winder I Year If Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) arrie 10A. USUAL OCCUPATION (Glyckind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR alher 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME lam 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. NO Mrs. Annie M. Wade - 400 Broadview Blvd. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF 20. AUTOPS YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? . INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from-, 19___, that I last saw the 62 3m., from the causes and on the date stated above. deceased alive on_ 19 50 and that death occurred at 23A_SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or egunty) (State) TION, REMOVAL (Specify) Cem. New Cathedral Balto REGISTRAR'S SIGNATURE DATE RECEIVED BY 25-FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mutuator / Villance, Mis



M-622

BII	50 RTH NO.	5822		TIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	Registered No.	5822
	NAME OF D		VELYN 1	MARKUS		2. DATE OF DEATH June	30, 1950
A.		City, Maryland			4. USUAL RESIDENCE ()		stitution: residence before admission)
HC	SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporste limits,	write RURAL and give township)
00)	1935 Ridger	nill Av	θ.	Baltimore	15-	04 township
		4 ' D-14'		Yrs. Mos.	D. STREET ADDRESS (If		
c. 5.	SEX	tay in Baltimore	7. SINGLI	Days E. MARRIED.	1935 Ridgehi		idet I Year II Under 24 Hours
for	male	white	widow	/ED, DIVORCED (Specify)	April 25, 1906		hs Days Hours Min.
		CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	1	2. CITIZEN OF
work	Housewi	(working life, even if retired)	attHor	INDUSTRY			WHAT COUNTRY?
13.	FATHER'S		2.6 01101	11.0	Maryland 14. MOTHER'S MAIDEN N	IAME	
	Henry				Mary Manion	AME	
15.	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	ADE	DRESS
(Yes	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		rkus - 1935 Ric	
	18.	2 - V		CALICE	OF DEATH		INTERVAL BETWEEN
	/	/ 0 × 1		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	Cer	reening / Su	ist	type.
	heart failu	re, asthenia, etc. It mea	ns the diseas	se,	- / /. /.		101
	injury or	complication which	caused death	n.) DUE TO	e numerous	'	
_		ANTECEDENT CAUS	SES				
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVII		***************************************	***************************************	.**.***
ERTIFICATION	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
S.							
님		11		(C)			
E.		IGNIFICANT COND					
Ū,	TO THE D	ISEASE OR CONDITION	CAUSING	IT			
7	19A. DATE C	of operation of	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
C	21A. ACCIDE	NT, SUICIDE.	218. PL/	ACE OF INJURY (e. g., in	n or 21c. WHERE DID ((If in Baltimore City, giv	
EDICAL	HOMICIDE	(Specify)		farm, factory, street, office bldg.,			
Σ	245. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	NJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	2045	1 30 ,50	., , , , , , , , , , , , , , , , , , ,
	22. I hereb	y certify that I att	cnded the	deceased from	12 (17 to	, 19.	that I last saw the
	23A. SIGNA	live on Jan 30	, 19.00	and that death veccur	rred al 2 454 m., from	the causes and on the	23c. DATE SIGNED
	204. 010114	Dr. Harry	ash	man M. D.	1921 W linte	(Core	6/20/10
24	A. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or	r county) (State)
110	N. REMOVAL (S Burial	7/3/50		Woodlawn Cem.	Wood	Mawn, Md.	,
	TE RECEIVE			RE ME	25 FUNERAL DIRECTOR		ADDRESS/
			4	111,0	Im. J.M	hener VSA	w- wall
JI	U vs 15019	20		. 18.7			50 ma-



F-1200 5823

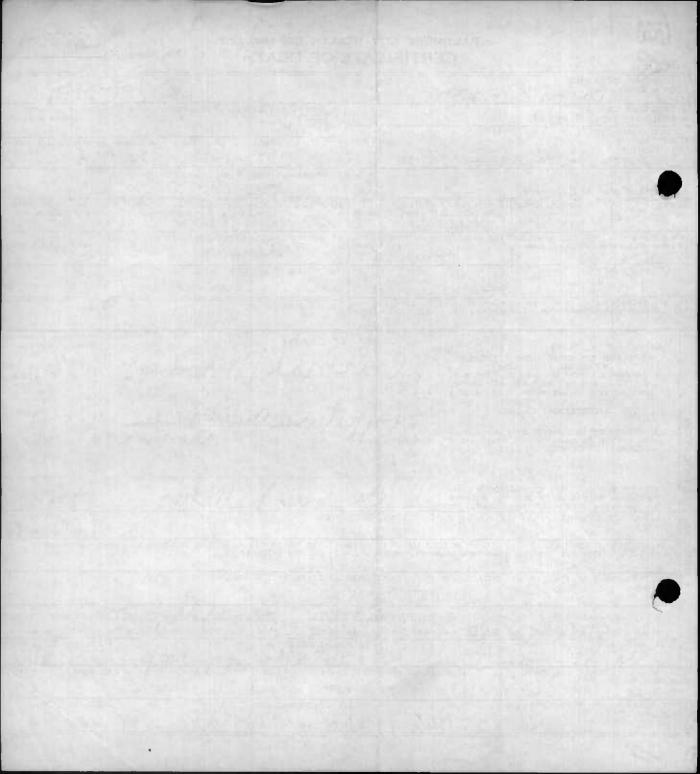
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 5823

п.	DTU NO			CERTIFI	CATE	OF DEATH	Regis	tered No	0	
	NAME OF D	ECEASED					10.5455			
	vpe or Print)	MINNIE	747	Sic			2. DATE OF DEATH	2-1-	-50)
A.		City, Maryland				4. USUAL RESIDENCE	E (Where deceased B. COU			residence e admission)
	FULL NAME	OF (If not in hospi	tal or institut	ion, give street ac	idress or ocation)	IVID	(74 1 77	21 1	1	
	STITUTION	# BHLTIMOR	- 0	11		c. CITY OR TOWN	(If outside corpor	ate limits,	write RUR	AL and give township
W.,	2001	HICHUINOK	C GEN	. 105/	Yrs.	D. STREET ADDRESS		tion)	00	
c.	The same of the sa	tay in Baltimore			Mos. Days	3733	LEO ST.	icion)		
5.	F.	6. COLOR OR RACE	WIDOW	E. MARRIED, ED, DIVORCED RR(F)	(Specify)	8. DATE OF BIRTH FEB. 22 187	9. AGE (In last birth		nder 1 Year ths Days I	H Under 24 Hours Hours Min.
10.	done during most o	CUPATION (Give kind of f working life, even If retired)	108. KIND	OF BUSINESS	OR	11. BIRTHPLACE (State		1	2. CITIZE WHAT	N OF COUNTRY
13	FATHER'S N			770742		14. MOTHER'S MAIDE	/			
			WEISNE	<i>c</i> 0			INKNOWN			
15	WAS DECEASE	D EVER IN U. S. ARME		16. SOCIAL			NENOWN			
(Yee	, no or nnknown)	(If yes, give war or date	es of service)	SECURITY	Y NO.	17. INFORMANT		AD	DRESS	
FICATION	heart failu injury or DISEASE: RISE TO T	LEADING TO DEA to not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUSON OF CONDITIONS. HE ABOVE CAUSE (A) (ING CONDITION L	of dying, e. pans the diseas caused death SES IF ANY, GIVING STATING THE	DUE TO	ty p	the sweeter	ednoM Lune Vai era O	gz ne		Phu M
ERT		II IGNIFICANT COND TO THE DEATH, BUT		٧-	di	1. d. J. J.	10: tun		90	200
Ū	TO THE D	ISEASE OR CONDITION	CAUSING I		OPER	M my and	mym?		1 30 AI	JTOPSY?
A F	IJA, DATE C	OI ENATION O	ISB. MAJOR	FINDINGS OF	OI LIK				YES T	NO
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY			(If in Baltimor	e City, gi	ve exact lo	
Σ	INJURY	Month) (Day) (Year			CCURRE	21F. HOW DID IN	JURY OCCUR?			
	22. I hereb	y eertify that I at				LM 2 150, to	1/W			st saw th
	deceased al		_, 1950,	and that deat	h oecur	red at 25 m., fro	m the eauses or	ed on the		
	234 SIGNAT	Mina		1	2. C	BB. ADDRESS	1901	0	23c. DAT	E SIGNED
24	A. BURIAL.	REMA- 24B. DATE pecify)					D. LOCATION (Ci	t, town, o	r county)	(State)
	N. REMOVAL (S	pecify) 7/5/	50	MEA			WASHINGT	TON /	3200	
DA	TE RECEIVE		'S SIGNATU			25. FUNERAL DIRECT	OR	,	ADDRESS	
	1111 3 = 1	950 1	tu iton	Williams	MAR	JOHN F. DER	My /Ne ?	156	GHT 57	30

· Atomia

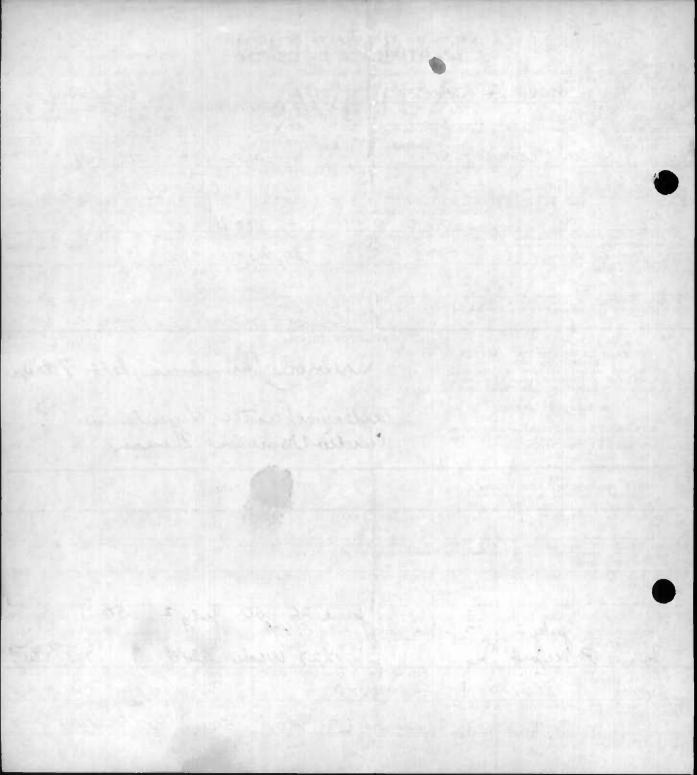


5-536 50 5824

BALTIMORE CITY HEALTH DEPARTMENT

50 5824 gistered No.

_	IDTIL NO	AC SOL		CERTIFICAT	E OF DEATH	Н	Registere	d No.
=	NAME OF D	ECEASED						7-7
(1	Type or Print)	MARY	G. :	SANDERS			OF DEATH	1/2/50
Α.		City, Maryland			A. STATE	NCE (Who	ere deceased lived B. COUNTY	. If institution: residence before admission
H	FULL NAME OSPITAL OR	OF (II not in hospit	al or institu	tion, give street address or location		(If ou	tside cornorate li	mits, write RURAL and giv
7	ISTITUTION / Z	9 W. CLEI	MENT	ST	BAL	TYMU	RE 2	3-0/ township
c.	Sigth of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRES		ral, give location)	
5.	SEX	6. COLOR OR RACE	WIDOV	E, MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH	60/21/	9. AGE (In years last birthday)	Months Days Hours Min
10	A HEHAL OF	W		(DOWED	- /	811	79	
wor	k done during most	CUPATION (Give kind of working life, even if retired)	10B. KIN	HOME INDUSTRY	11. BIRTHPLACE (St.		/	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAI			
			RUG		UN	KNOWK	/	
(Ye	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or dete	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	LINER	5 2811 F	ADDRESS HARVIEW AVE
_	18	/ 3 V		CALICE	OF DEATH	74/15/6_	201611	INTERVAL BETWEEN
RTIFICATION	DISEAS (This does heart failu Injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	F f dying, e. ns the disea aused deat deat SES F ANY, GIVI STATING T ST.	g., (A) Cook se, (B) Cook NG HE OUE TO COOK (C)	rebrook Il			left 7 days
CE		TO THE GEATH, BUT SEASE OR CONDITION						
AL	19A. DATE C	F OPERATION 1	9a. MAJOF	R FINDINGS OF OPER	RATION	1		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., form, fectory, street, office bldg.,		ID (If i	n Baltimore Cit	y, give exact location)
~	2.1p. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY C	OCCUR?	
			m.	WORK AT WORK	21 47	es 0		450
		y certify that I att ive on July 2			rred at 5? 40 m.		duses and or	5 Othat I last saw that the date stated above
В	230. SIGNAT		In		123 West	le B	evid	7.3-50
710	BURIAL, CON DEMOVAL (S	REMA- pecify) 7/5/	50	24C. NAME OF CEMETE PARKWOO			ATION (City, to	wn, or county) (State) UE BALTO, MO
	ATE RECEIVED	DAD		URE	25. FUNERAL DIRE	ECTOR	700	ADDRESS 7/5/16/47-57-30
=	111.2 - 10	50 Plant	traitor		COHN!	LENN	14,11VL 1	
2	U[vs] 150]9	30	- 1	2 Principality Co.	1 . ()			920



	50	5	825	
13	-6	3	4	
RTH	NO.		1	
51 A S		PART OF RE		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5825
Registered No.

NAME OF DECEASED ClARA 2. DATE E BRAdley (Type or Print) OF DEATH UU 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution; residence B. DUNTY A. Baltimore City, Maryland A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. igth of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (in years) AGE (in years | If Under | Year | If Under 24 Hours last birthday) | Months! Days | Hours | Min. WIdowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTR NONE 13. FATHER'S NAME NKNOWN CNOWA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from h any from the causes and on the date stated above. deceased alive on the , and that death occurred at 23A. SIGNATUR 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY DURIAL DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR The state of the s

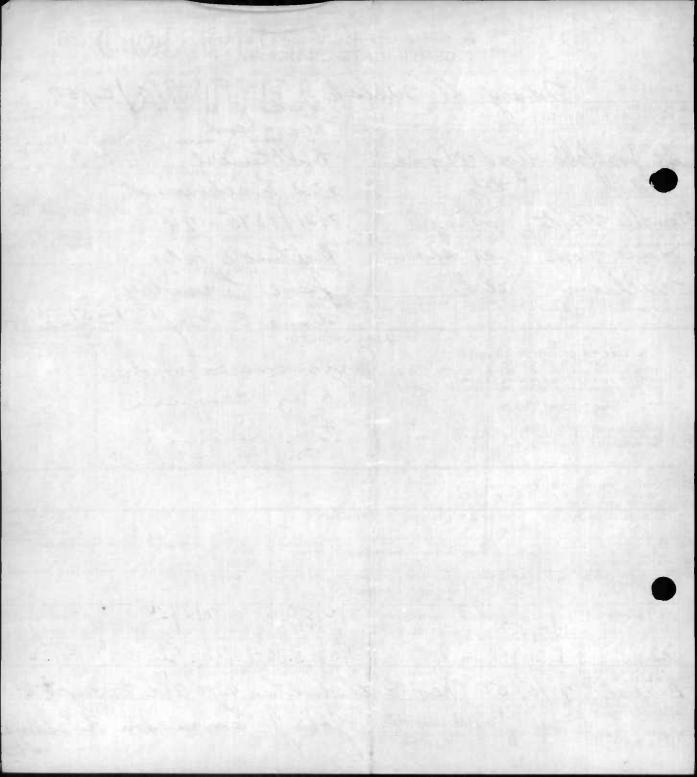
10:30 - 12:30 1279 VILLIAM ST Les appearances to the second of the second of A CHILDREN VILLE

W-420 50 5826

BALTIMORE CITY HEALTH DEPARTMENT

50 5826

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Mary a. Wels	h 2. DATE OF 7/2/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
It Joseph's Aged Home	Baltimore 19-03 township)
Yrs. Mos.	D. STREET ADDRESS (Kryral, give location)
C. Longth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours
Bemale White Single (Specify)	8/3//1875 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, evel if retired) Towal Ward of working life, evel if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Welsh	Jane Crawley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	INFORMANT & he IP ADDRESS W.
18. / 5 / X . CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease.	remona Hand
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	(Xray deagnosis
	2000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	In decous
<u>(c)</u>	no operation dere
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
TAL DATE OF OF ENAMED OF OFER	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
NJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that lightended the deceased from.	12 50, 19 to 7 2 50, 19 that I last saw the
deceased alive on 7/-/5019 and that death occur	red at 820 p.m., from the causes and on the date stated above.
Digmend R. nowak M.D.	40 f J. Patt. Ph. (m 7/3/50
24A. BURNAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR OLD Brederick Al.
LOCAL REGISTRAR Line for Williams Milliams Milliams	John & Cowan Ilon 99.00:
JULvil 150/950	Je 8
	4615



65065887

BALTIMORE CITY HEALTH DEPARTMENT

egistered	No.	58	27	
49				

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No. 3061
	NAME OF DE		hert	PAR Carr		2. DATE OF DEATH	ly 2 1950
A.		ity, Maryland	75		4. USUAL RESIDENCE (finstitution; residence before admission)
H	SPITAL OR	Iniversity		on, give street address or location) pital Yrs. Mos.	BALTO.	f outside corporate limi	its, write RURAL and give township)
c.		ay in Baltimore		Days		REENHOUNT.	ArE.
5.	M	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours Min.
1 O	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
*	MEAT	SMOKER	JWI	F1 + C80.	+BELAND		
13	PAT (APP			14. MOTHER'S MAIDEN N	ROURKE	
15 Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			NONE.	MRS. KOSE CA	RR- 2458	GREENMOUNT
AL CERIIFICATION	(This does heart failur injury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEA not mean the mode of e, asthenia, etc. It me complication which ANTECEDENT CAUS OR CONDITIONS, 1 HE ABOVE CAUSE (A) ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	TH of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING THAST.	(B)	e eight stog. L		ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
MEDIC	HOMICIDE	NT, SUICIDE, (Specify) Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	ED 21F. HOW DID INJUR	If in Baltimore City, Y OCCUR?	
			m.	WORK NOT WHILE	,		
	deceased al	ive on July 2 URE Browned Bro		and that death occur	red at 18:00 m., from a 3B. ADDRESS	rskits	the date stated above. 23c. DATE SIGNED 12 1950
TI	4A. BURIAL,	REMA- pecify) 7.	-0	NAME OF CEMETE	RY OR CREMATOR 24D. L	diffic	(State)
D.	ATE RECEIVED	BY REGISTRAR	S SIGNATU	RE (III)	25. FUNERAL DIRECTOR	0	ADDRESS
++	- 10En	Thurt	ugter /	Migself, M	/ Keelifele	f & Son	
L	- VS ISOU		0	6904	1 Heeman	nd raam	61

2458 Control of the Contro 5828

1. NAME OF DECEASED

A. Baltimore City. Maryland

3. PLACE OF DEATH:

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

Md.

Mary R. Roemer

50 5828

before admission)

Registered No.

DEATH July 1, 1950

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

B. COUNTY

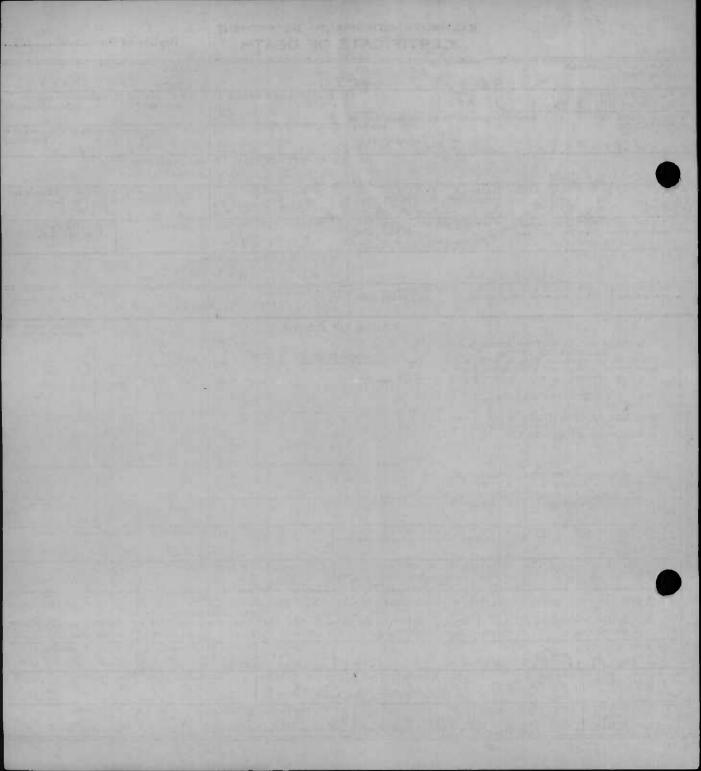
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1008 Poplar Grove St. Baltimore 68-- Yrs. D. STREET ADDRESS (If rural, give location Mos. 1008 Poplar Grove St. . agth of stay in Baltimore Davs 9. AGE (In years If Under I Year If Under 24 Hours Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Mar. 12, 1857 Female White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home none Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Heineman Elizabeth Sipple 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) Miss Louise Roemer 1008 Poplar INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION rone 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED JURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from May 199 & and that death occurret m., from the cluses and on the date stated above. deceased alive on 234 SIGNATURE BURIAL, CREMA-24C. NAME OF CEMETERY 24D. LOCATION (City, town, or county) 7-4-1950 Baltimore. Burial Western 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE .Howard Strong 3207 W. North

A THE OWN THE PROPERTY OF THE PARTY OF THE P . De liveril a miles fine Tradition Sec.

5-3-2-45829

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 5829

BIRTH NO.		ERTH TOATE	OF BEATTI		
1. NAME OF DECEASED (Type or Print)	Jacob	Stick	e/	2. DATE OF DEATH	uly 2,1950
a. Baltimore City, Mary			4. USUAL RESIDENCE (W	Where deceased lived, I	f institution : residence before admission)
B. FULL NAME OF IT no HOSPITAL OR INSTITUTION .	ot in hospital or institution	losstion \ -	C. CITY OR TOWN	gutside corporate lim	its, write RURAL and give
Univer	sity HOS	p 1 ₹ 4 Yrs.	Bal	lo 21	- 0 township)
gth of stay in Bal	timore	Mos. Days	714 Cer	rural, give location)	
Mole whi			Sept 8-1873	9. AGE (In years last/birthday)	if linder 1 Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION work done during most of working life, ev	ren ifretired) Fun	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	tickel		4. MOTHER'S MAIDEN NA	NOWN	T
15. WAS DECEASED EVER IN L (Yes, no or unknown) (If yes, give	J. S. ARMED FORCES? s war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT PU	md Sr 12	ADDRESERVELANDO SE SENELANDO LA SERVELANDO L
18. 420.1	1	CAUSE O	F DEATH		INTERVAL BETWEEN
LEADING	DITION DIRECTLY	(00	FONDRY D	Disenso	
heart failure, asthenia,	the mode of dying, e.g., etc. It means the disease, in which caused death.)	(A)		20100	
ANTECEDE	NT CAUSES				
Z DISEASES OR COND	ITIONS, IF ANY, GIVING		***************************************	•	
O RISE TO THE ABOVE COND	AUSE (A) STATING THE DITION LAST.	DUE TO			
	11	(*)			
OTHER SIGNIFICAN	T CONDITIONS CON- TATH, BUT NOT RELATED CONDITION CAUSING IT.				
19A. DATE OF OPERATI		INDINGS OF OPERAT	TION		20. AUTOPSY?
21A. EXTERNAL CAUSE	WAS 218 PLAC	E OF INJURY (e.g., in o	21c. WHERE DID (I	f in Baltimore City,	YES NO
PRIMARY OR CONTRIE		n, factory, street, office bldg., etc.		in Daniellore City,	give ender rounding
2 1D. TIME (Month) (Da		E. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR?	HERE LETTE
22. I certify that I to		ork At work A	me held an Jus	pertim.	thereon and from
			quiry, find that said de	Inspection or Inquiry	
and death in my	opinion resulted fro	m: natural causes	⅓, accident □, suicide	\Box , homicide \Box ,	undetermined \square .
www.H.	anne	M.D		EXAMINER	Luby 2, 1950
244. BURIAL GREMA- 245 TION REMOVAL (Specify)	994 SO 39	newy KC	OR CREMATORY 240. LC	ed We	n, or county) (State)
DATE RECEIVED BY REG	GISTRAR'S SIGNATURE		EN Sermbach	1.35 M	ADDRESS
VS 151	D.			- Janes	110

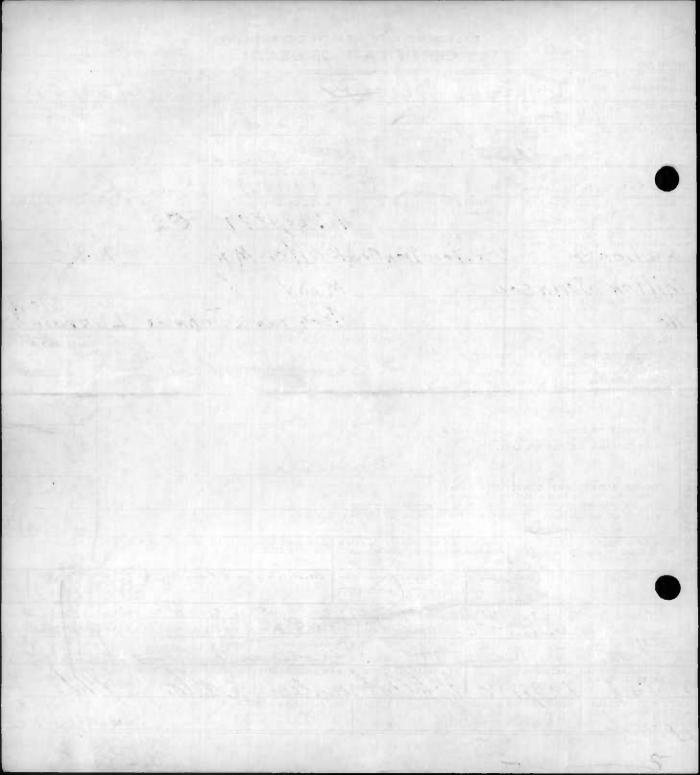


J-525 50 5830

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5830

ВІ	RTH NO.	3000		CERTIFICAT	E OF DEATH	Registered	No. 1000
1. (T	NAME OF D	JOHN TOHN	SON.	WILLIA	М	2. DATE OF DEATH	130/50
	PLACE OF D Baltimore (4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution; residence before admission)
В.	FULL NAME OSPITAL OR ISTITUTION		al or instituti	on, give street address o location		(If outside corporate lim	nits, write RURAL and give township)
	Ogth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	e.
-	SEX	6. COLOR OR RACE		MARRIED (Specify	8. DATE OF BIRTH	9. AGE (In years last hirthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
worl	done during most	CUPATION (Give kind of of working life, even if retired)	CONS 7	OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Wilton	V JOHNBO	N		Mahy	NAME	
(Ye	, po or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	Johnson	LANVALA ST
ERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ons the disease caused death SES F ANY, GIVIN STATING TH	(B) (A) CR. (C	Comercial Comerc	flite	ONSET AND DEATH
CERTIFI	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	wey		
				FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City,	give exact location)
Σ	NJURY	(Month) (Day) (Year		PIE. INJURY OCCUR!		TURY OCCUR?	
		ny eertify that I att live on 6/29		and that death over		,	that I last saw the the date stated above.
24	AA. BURIAL,	CREMA- 24B. DATE	oline 2	AC. NAME OF CEMET	RY OR CREMATORY 24	DLOCATION (City, tow	6/39/50 (n, o colley) (State)
D	ATE RECEIVE	D BY REGISTRAR	Annual Maria	111.	25. FUNERAL DIRECT	Salla.	ADDRESS 322 N
7	UL 3 - 15		ANTON /	Wighted Marie Co	11 Mr. Mice (Rel	Williams J	131B
				700	/		1-1-2



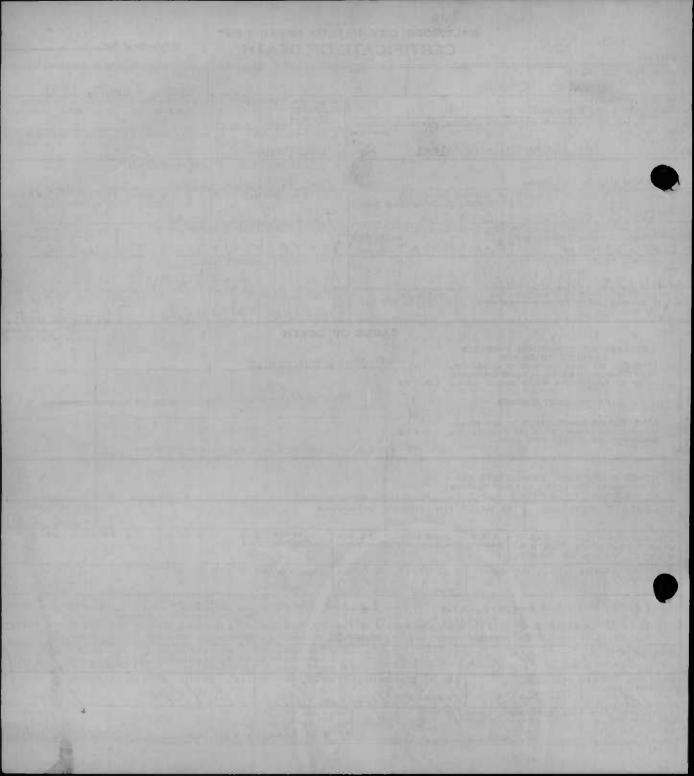
50 5831 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) BIBBINS JAMOS June27 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Baltimore Yrs. (If rural, give location) D. STREET ADDRESS Mos. th of stay in Baltimore 565 W. Biddle Street Days 9. AGE (In years | Minder 1 Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) colored male 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ork done during most of working life, even if relired) Johen 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diffuse pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A, EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 24. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SUCHATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER

June 28.

MEDICAL INVESTIGATOR CREMA-24B. DATE 249. LOCATION City, town, or county) , REMOVAL (Specify) DATE RECEIVED BY

S 151

OCAL REGISTRAR



5832 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION Length of stay in Baltimore Days last hirthday) Months Days Hours Min. 10B. KIND OF BUSINESS OR INDUSTRY 16. SOCIAL SECURITY NO CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) - 19 Chat I last saw the 22. I hereby certify that I attended the deceased from.

19J 6 and that death occurred at m., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS

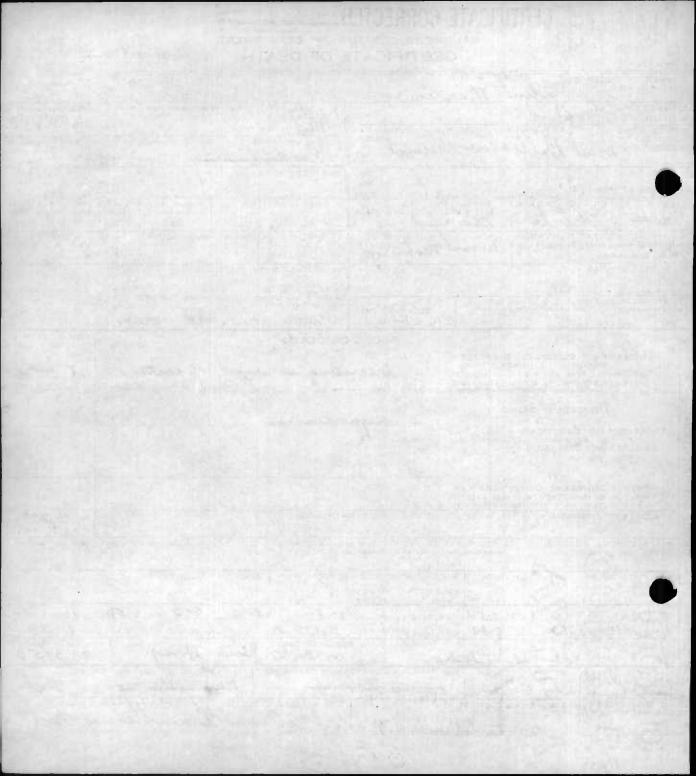
RECEIVED BY

25. FUNERAL

ADDRESS

A Lames of the state of the sta Door other hell we made CORNER STORMEN STORMEN

BALTIMORE CITY HEALTH DEPARTMENT Registered No 583 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B, COUNTY Anne Arundel (10) B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write KURAL and give INSTITUTION Glen Burnie O. STREET ADDRESS Yrs. (If rund, give location) gth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. (IDOWED, DIVORCED (Specify) April 21, 1910 married IQB, KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? Maryland 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME William M. Martin Mary Harner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or nnknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Kathryn Martin, Glen Burnie, Md. 0-07-8648 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? NJURY (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? WHILE AT WORK 7-3 1950 that I last saw the 7-3 ,1950 to 22. I hereby certify that I attended the deceased from. deceased alive on 7/ 1950, and that death occurred at \(\sum_{\text{o}} \) \(\begin{aligned} \Lambda_{\text{m}} \), from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED W. Balt. Hen. 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION City, town, or county) FUNERAL DIRECTOR DATE RECEIVED BY 55035

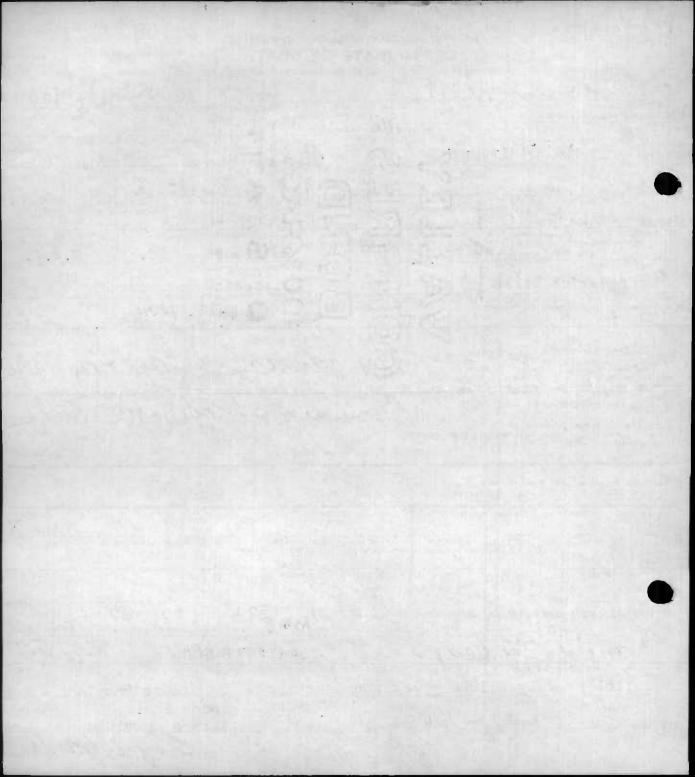


W=4 583

BALTIMORE CITY HEALTH DEPARTMENT

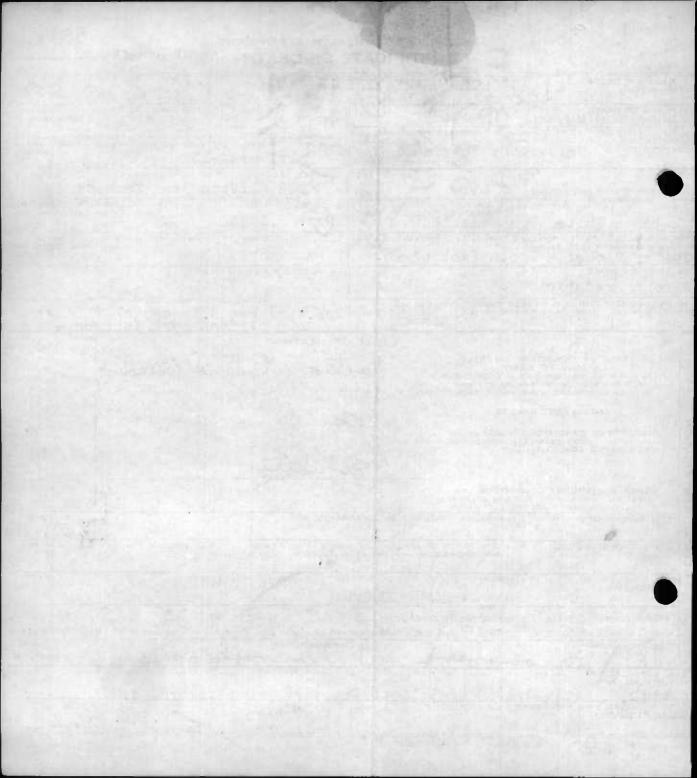
50 5834

Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HUSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. marrie 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) Naval Gun Tactory WHAT COUNTRY? Machinist instru U.S.A Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Wille Elizabeth Hildebrandt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL OHNS HOPKIRS HOSPIT SECURITY NO. NC NONE East 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE ATT NOT WHILE WORK 1950 to_ 22. I hereby certify that I attended the deceased from____ . 1950 that I last saw the 1950, and that death occurred at 10 10 Pm., from the causes and on the date stated above. deceased alive on__ 23A. SIGNATURE TORNS HOPKINS HOSPITZI BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ION, REMOVAL (Specify) July 5,1950 Oaklawn cemetery Baltimore Maryland H. Sander & Sons Inc. DATE RECEIVED BY OCAL REGISTRAR Baltimore VS 150



F-63600

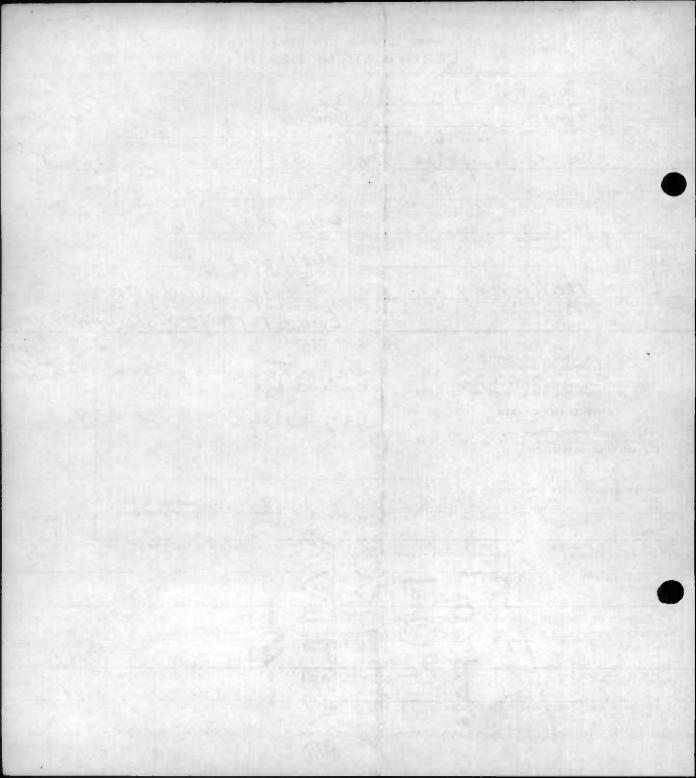
	EALTH DEPARTMENT E OF DEATH Registered No	0835
	EDERICK) 2. DATE OF OF DEATH	0-50
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION University Hospital		ite RURAL and give
Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location) 3008 Clifton Park Terra	ce
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years It Under	
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY) Ork done during most of working life, even if retired) Veter Packer - Booth Packing Co.	11. BIRTHPLACE (State or foreign country) 12. Baltimore	CITIZEN OF WHAT COUNTRY
John Frederick	14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or detee of service) NO 16. SOCIAL SECURITY NO. NO NO	Mrs. Margaret A. Frederick (3008 Clifton Park Terra	Widow)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	our entertind bleading	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR NJURY WHILE AT NOT WHILE MORK AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 6-30, 1950, and that death occur		ate stated above
1 Et Broader M.D.	to) neverthy books 6	30-50
246. NAME OF CEMETE TION, REMOVAL (Specify) Burial July 3.1950 Baltimore C DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	emetery Baltimore Mf. 25. FUNERAL DIRECTOR HENRY SANDER & SONS. INC.	OURESS (State)
JUE 30- 1950 Turking for Milliams, M. S.	Baltimore Md. Benji 1: 10	23



ド	5	2	5	836	
IRTH	NO.				
NAN	E OF	DEC	EAS	ED	_

59 5836

BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH 2. DATE (Type or Print) PAGE OF ANN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or aryl HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, gite location) marylan Yrs. Mos. DENMORE AVEL ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (In years If Under 1 Year II Under 24 Hours last, birthday) Months: Days Hours Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) 63 w, tow 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even If retired) INDUSTRY WHAT COUNTRY Lauseury 1. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL Yes, no or unknown) SECURITY NO. CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Art-selve Cardi-L TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION - 6/30/50 MEDICA 21A, ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK . 19 3, that I last saw the 22. I hereby certify that I attended the deceased from 6/1 4 1950 to_ , 1950, and that death occurred at/22 deceased alive on 6/3 4 Em., from the causes and on the date stated above. 23c. DATE SIGNED 23A SIGNATURE 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 n - 1 The state of the state of



W-623 5837

59 5837

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Willio OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 231 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give location) C. CITY OR TOWN INSTITUTION township) o. STREET ADDRESS (If rural, give location) Yrs. Mos. ligth of stay in Baltimore Days 9. AGE (in years I Under | Year | If Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MANY OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Change 1 ork done during most of working life, even if edired WHAT COUNTR long of 3. FATHER'S NAME 44. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) 16 SOCIAL DRMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES 2 IA. ACCIDENT, SUICIDE, 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED JURY WHILE AT NOT WHILE 1950 that I last saw the 22. I hereby certify that I attended the deceased from 2 2 5 , 195 40 deccased alive on the 28, 1990, and that death occurred at. causes and on the date stated above. 23AASIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL CREMA-24B. DATE REMOVAL (Specify) RECEIVED B REGISTRAR'S SIGNATURE ADDRESS

VS 150

A Land Street the street like Browning Brownings. into one of the she was . -----of first of the to the country. 30 3000 the state of the s with the second 2/2 23 The state of the s Marko It had well from here and

50 5838

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE Type or Print) (OF DEATH B. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If to titution: residence . Baltimore City, Maryland 122 before admission) FULL NAME OF (If not in hospital or institution, give treet address or IOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days S. SEX 6. COLOR OR RACE LE. MARRIED If Under 1 Year AGE (In years last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify arrild OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF fone during most of working life (even if retired) INDUSTRY WHAT COUNTRY? 3. FATHER'S NAME 014. MOTHER'S MAIDEN NAME 10.0 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(ce, no or unknown) (If yes, give war or dates of service) SOM 16. SOCIAL SECURITY NO. INTERVAL BEATER CAUSE OF DEATH 20 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE AT WORK WORK 1950, that I last saw the 22. I hereby certify that, I attended the deceased from_ m., from the causes and on the date stated above. 1956 and that death occurred at 3 deceased alive on 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24C, NAME OF CEMETERY OR CREMATORY 248. DATE 24D. LOCATION (City, town, or county) ION, REMOVAL (Specify) REGISTIONS'S DATE RECEIVED BY 25. FUNERAL DIRECTOR OCAL REGISTRAR

MOREL. 4 was a description of the said

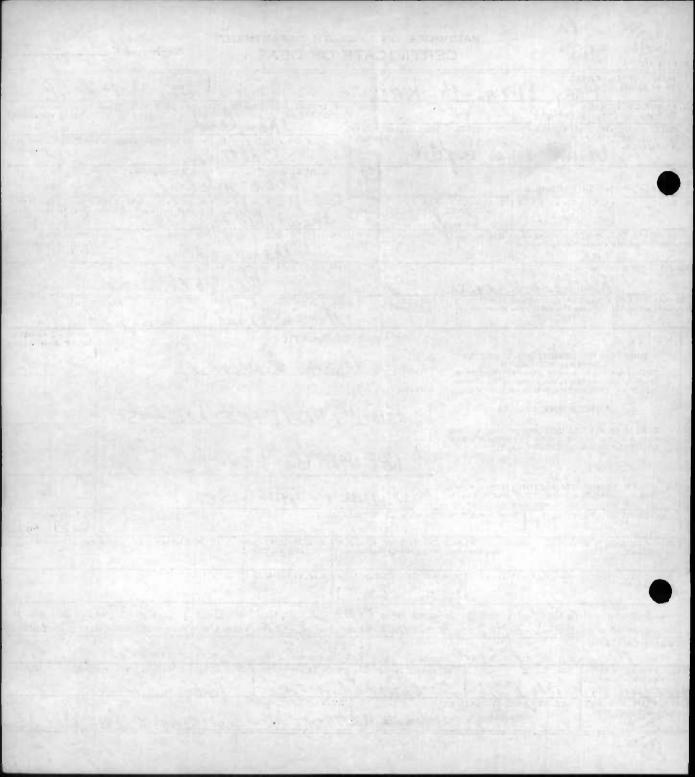
K-620 50 5839

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5839

Registered No.___

Type or Print) MARY Elizabe	th KRAUS	E	2. DATE OF DEATH	7-2-50
B. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospital or institu	ition, give street address or location)			nits, write RURAL and give
NSTITUTION Union Memorial) to	spital	12/04	une 2	7-/2 township)
gth of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If r	ral, give location)	
6. COLOR OR RACE 7. SINGLE WIDO	E. MARRIED, WED, DIVORCED (Specify)	Man 1 1927	9. AGE (In years last birthday)	Months Days Hours Min.
rk done during most of working life, even if retired)	BUSINESS OR	11. BIRTAPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MANTEN NA	ME	U.S.H.
Richard Krau	u	Eliza	beth Bro	run /
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (os., no or nokoown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Wan & Storicel	6217	ADDRESS VOCA PA
18. 401.3	CAUSE	OF DEATH	00.00	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	· d	and the		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dises injury or complication which caused dea	ase,	EBRAL EMBON	5//	
ANTECEDENT CAUSES	D	- 11	N.	
	(B) KHEU	MATIC HEART	DISEAS	2
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
CADERETING CONDITION EAST.	RHEU	MATIC FEUR	R	
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA		RY EMBOLISM	5	
TO THE DISEASE OR CONDITION CAUSING	R FINDINGS OF OPER			20. AUTOPSY7
2				YES NO
	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg		in Baltimore City	, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
VJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th	e deceased from 19	94 / 1950 to Va	4 219	58, that I last saw the
deceased alive on dury 2, 1950	and that death occur	rred at 8.25 Km., from th		the date stated above.
23A. SIGNATURE	M. D.	Union Menon	1 Hospit	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 10N. REMOWAL (Specify)	MATO LONG	RY OR CREMATORY 240. LO	CATION (Vy, tow	vn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25/FUNERAL DIRECTOR	110 . 110	ADDRESS
OCAL REGISTRAR Intuitivate	m Milliams, Ma	Henry M. Jent	insklons.	4905 York Kd
VS 150	一点点点是连续的物质。			FOX



W·656

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5840 Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF FLORAMELVIN WARNE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland **207** HAWT HORNE B. FULL NAME OF (If not in hospital or institution, give street addissorted to the control of th before admission) B. COUNTY 207 HAWTHORNE ROAD. (If outside corporale limits, write RURAL and give NSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore A-PPROX.80 Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours; Min. 8. DATE OF BIRTH WHITE MAY 14, 1857 93
11. BIRTHPLACE (State of foreign/country) IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A NONE HAMPSTEAD, MD NOMF 3. FATHER'S NAME ALEXANDER MYER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

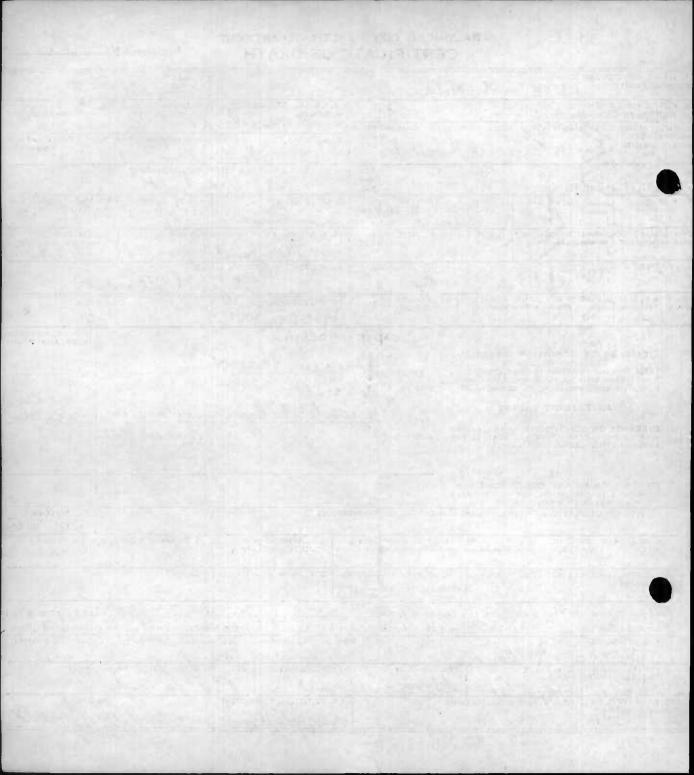
Yes, oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. BALTO. MD NO 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE ATT NOT WHILE WORK 19 Sothat I last saw the 194210 22. I hereby certify that I attended the deceased from. 1950. and that death occurred at 11,50 Myrom the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS CREMA 24B DATE 24c. NAME OF CEMETERY REMOVAL (Specify) urial DATE RECEIVED BY 25. FUNERAL DIRECTOR OCAL REGISTRAR V\$ 159951

Dr. Woody 1402 Vack on

BALTIMORE CITY HEALTH DEPARTMENT

50	2841

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elise S.M. Wild OF 7-3-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE. (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos gth of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | M Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL Yes, no or unknown) ADDRESS (If yes, give war or dates of service) UnBuran CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ursclertie Hypertensin Cardir-ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE! 1950to 7- 3 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 7-3, 1950, and that death occurred at 4:10 f.m., from the causes and on the date stated above. deccased alive on_ 238. ADDRESS Union Memorial Hospital | 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) BURIAL (CREMA-REMOVAL (Specify) RECEIVED BY / REGISTRAR'S SIGNATURE 25, FUNERAL DIAECTOR ADDRESS



M-503 6842

BIRTH NO.

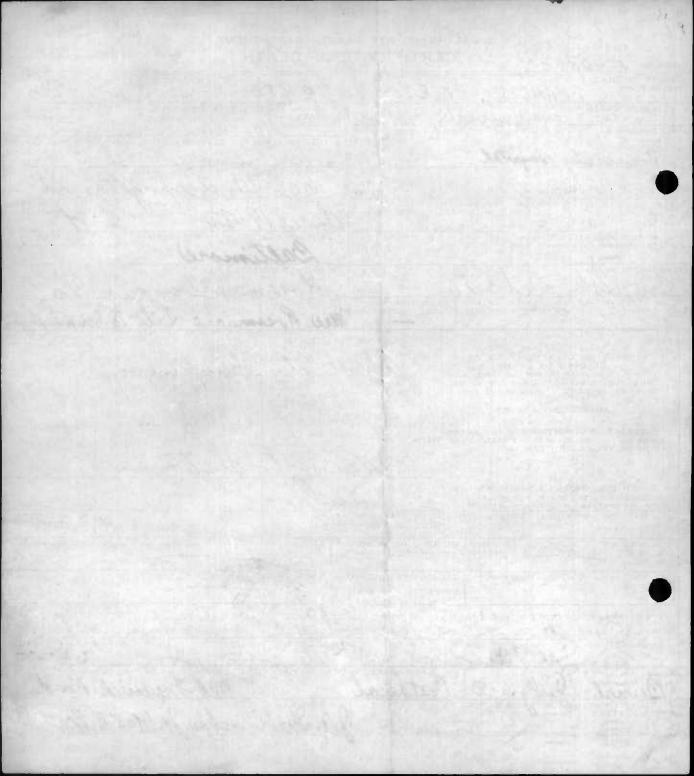
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

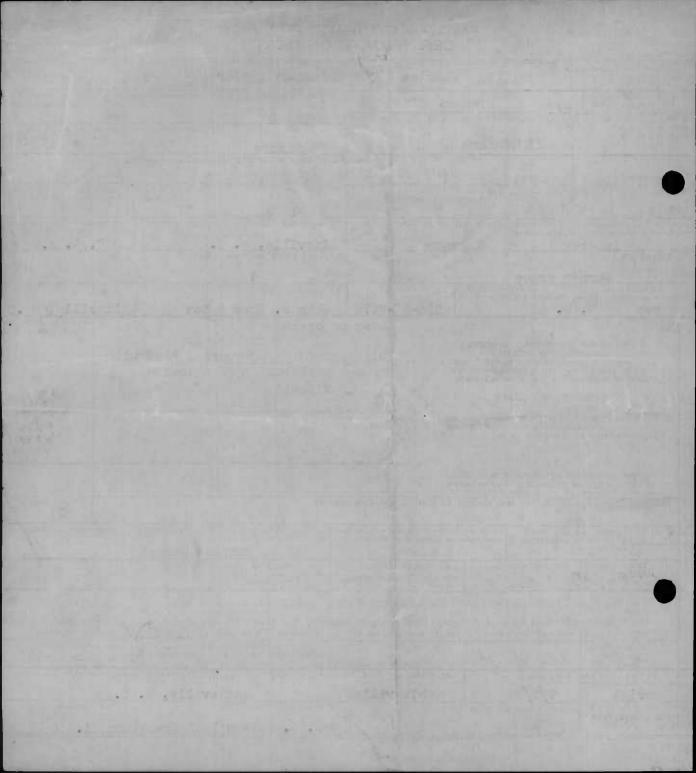
Registered No. 5842

			7-7-			
1. NAME OF DI (Type or Print)		MOORES	MAYNA	DIER	OF DEATH	ULY 1, 1950
3. PLACE OF DI				4. USUAL RESIDENCE (W		d. If institution : residence
. FULL NAME			give street address or	804 EVESHE		Y before admission)
HOSPITAL OR			location)	C. CITY OR TOWN (If	outside corporate	limits, write RURAL and give township)
0			37	BALTIMORE		MD.
	tay in Baltimore	9 YR	Yrs. Mos. Days	D. STREET ADDRESS (If r	2	7-48
MALE	6. COLOR OR RACE	7. SINGLE, N WIDOWED SINGL	, DIVORCED (Specify)	JAN 26 1873	9. AGE (In year last birthday)	Months Days Hours Min.
OA. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND O	F BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
RETIREI		BANKIN		A	AD CA	USA
3. FATHER'S N				14. MOTHER'S MAIDEN NA	ME	Harman
	YELLOTT !			LAURA PAC	A MOOR	ES
es, no or nnknown)	D EVER IN U, S. ARMEI (If yes, give war or date	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS RD.
No		2	12-10-7904	COLIN F. MACI	KENZIE	522 ORKNEY
18. 42	0.11		CAUŚE	OF DEATH		INTERVAL BETWEEN
	E OR CONDITION LEADING TO DEA	гн	Co-	Day. Aca	lunio	west
heart failui	not mean the mode of asthenia, etc. It mea	ns the disease,	(A)			> (= -)
The same of the same of	complication which o		DUE TO			
	ANTECEDENT CAUS	ES	û	terroclero.	مث	7 4mo
	OR CONDITIONS, IN		(B)	•	***************************	
UNDERLY	ING CONDITION LA	ST.	(6)	enility		7 40
	II IGNIFICANT CONDI		5			
	TO THE OEATH, BUT SEASE OR CONDITION					
19A. DATE O	F OPERATION 1	9B. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY7
	ENT WAS UNDER-		OF INJURY (e. g., i factory, street, office bldg.,		in Baltimore Ci	ty, give exact location)
	Month) (Day) (Year)	Hour 21E	INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OJURY			E AT NOT WHILE			
22. I hereby	y certify that I att	ended the dea	ceased from QC	en 24, 1950 to &	uly /2-1	94 Sthat I last saw the
	ive on June 3		d that death occur	rred at 11 = Am., from th	1	on the date stated above.
23A. SIGNAT	5. chi	tang	м. р.	38. ADDRESS	to Ry	23c DATE SIGNED
ON REMOVAL (S)	pecify) Ruly 3	1950 6	hoist lohu	RYGR CREMATORY (240. LC)	OCATION (City, to	will md.
ATE RECEIVED	BY REGISTRAR	S SIGNATURE	- WAR	25. FUNERAL DIRECTOR		ADDRESS
	gan	- 4: 1	41,	denry W. Ker	rbuns 1	Sons 60.
L ys-1985	0	- 0 -	Museus, M.	14905	york	Rd. 94a

Al. Chalfant 6216 york Rd

T - 167		E040
BALTIMORE CITY HE	ALTH DEPARTMENT	5843
ORTH NO. 50-08007 CERTIFICATE	E OF DEATH Registered No	
NAME OF DECEASED Type or Print) FRANCIS JOSEPH L	IBERTO 2. DATE OF OF DEATH 7-	1-50
Baltimore City, Maryland Univertey Hospital	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)
FULL NAME OF (If not in hospital or institution give street address or location)	c. CITY OR TOWN / if outside corporate limits,	write RDRAL and give
Vnewersty Hogeth	Bretimore 4	-0 2 township)
Yrs. Mos. Days	D. STREET ADDRESS, (If run give location)	n St
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In work II lin Mont	dei 1 Year hs Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) INDUSTRY	II/BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME / / +	14. MOTHER'S MAIDEN NAME	20
August Liberto	Rosemarie Jummin	ello
5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	RESS A
IB. 2.7 HX CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	10+11	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	at-Corlina Jusufferency	
injury or complication which caused death.) DUE TO	. (
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.	interest	
II (c)/////	ungers sepuenna	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	indoris	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in		e exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	INJURY OCCUR?	
ZID TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE MY WORK AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 7/1 1950, and that death occur		that I last saw the
		23c. DATE SIGNED
AX. BURIAL, CREMA- 228. DATE 24C, NAME OF CEMETS	RY OR CREMATORY 24th LOCATION (City, town, of	7-2-50 r county (State)
TON PRIOVAL (Specify) July 3-50 Catheral	Old Frederick	Road
DATE RECEIVED BY CONTROL OF THE PROPERTY OF TH	5. FUNERAL DIRECTOR	ADDRESS
11 2 - 1050 Butte ton Williams M. M.	J.a. Dreblianckov. p. 1905	. Pratt st
Vs 150		5B
	0	





BALTIMORE CITY HEALTH DEPARTMENT JL- 139318 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Joseph Fullum DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Bospitals cation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 14 S. Robinson St. Life gth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Mala White May 24, 1873 Married IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Md. Newspapers 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Fullum Mary Tulford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. B. C. H. Records. 4940 astern Ave. Unknown none 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Vascular Hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES General Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 6-29-1950 to 6-30-. 19 50 that I last saw the 1950 Imn., from the causes and on the date stated above. deceased alive on 6-30and that death occurred at_ 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 14A. BURIAL, CREMA-Burial Lorraine Cem. Balto. Md. OCAL REGISTRAR 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

. A shown his sensor with the section

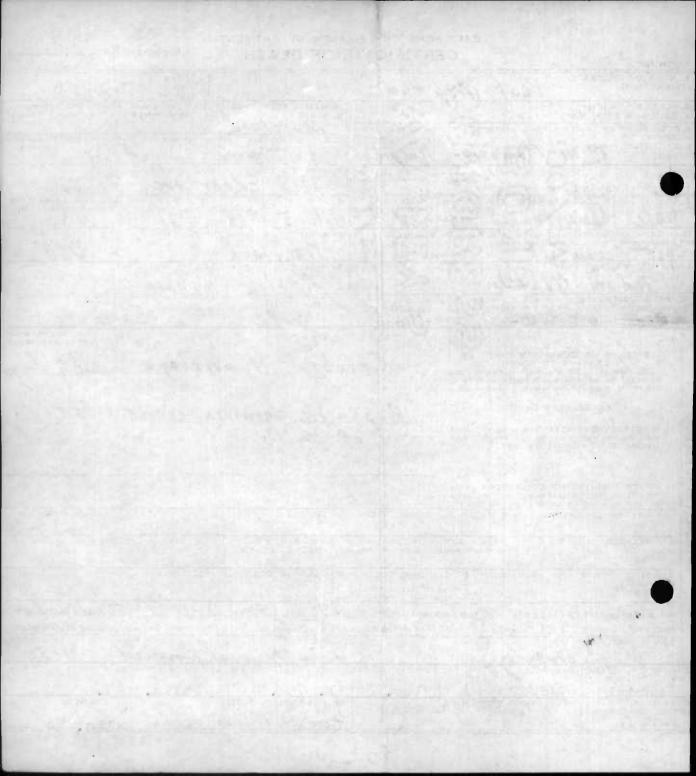
50 5846 N-2 50 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5846 Registered No.

2. DATE

(Type of Frint) Paul Veu Rum		DEATH 9-/-30	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W)	ere deceased lived. If institution; resider	
B. FULL NAME OF (If not in hospital or institution, give street address or	Mary land		
INSTITUTION Union Memorial Vanital	0-170	utside corporate limits, write RURAL an	nd give nship)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D, STREET ADDRESS (If re	gral, give location)	
Yrs. Mos.	2012 61	1 014	
c. Pigth of stay in Baltimore Days Days 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If Under I Year If Under	24 Hours
MO / WIDOWED, DIVORCED (Specify)	14/4 5 1918	last birthday) Months Days Hours	Min.
IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12. CITIZEN OF	-
cost Accountant Printing	Manyland	WHAT COUN	NTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
Adam Neukum	Amolia +	lunson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or Deknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS	
Yes, no or behowo) (If yes, give war or dates of service) SECURITY NO. 216-07-8169	Wife	Samo	
	OF DEATH	INTERVAL BET	TWEEN
DISEASE OR CONDITION DIRECTLY	1 / //	ONSET AND	DEATH
(This does not mean the mode of dying, e.g., (A)	ebral Hemor	7/ Aqe 550	m
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			/
	1	. / 24	
ANTECEDENT CAUSES	ured aneurysa	, circle 520	as,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	f willis		/
UNDERLYING CONDITION LAST.	777113		
(c)			
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOP	K 21
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (6. g., io	or 21c. WHERE DID (If	in Baltimore City, give exact location	10 X
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	L.) INJURY OCCUR?	in Bartinote Oily, give Cauco locarion	-,
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
NJURY WHILE AT NOT WHILE		64	
m. WORK L AT WORK L	22 1050 1	-/ 19 Dthat I last sa	42
22. I hereby certify that I attended the deceased from deceased alive on 7 - 1 - 19 2 and that death occur	27 1950, to 7	e causes and on the date stated a	
, Italia, and the details	3B. ADDRESS	23c. DATE SIC	
Kan & Berler VI M.D.	Union Memorral	Brokilel 7-1-57	>
24A. BURIAL, CAEMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	CATION (City, town, or county) (8	State)
Burial 7/5/50 , Balto Nat	'l. Cem.	Balto. Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
3-1950	Jun H. Moran	3000 E Balto. St	
VS 150	182	0/	
000 %	44	76	
	1		



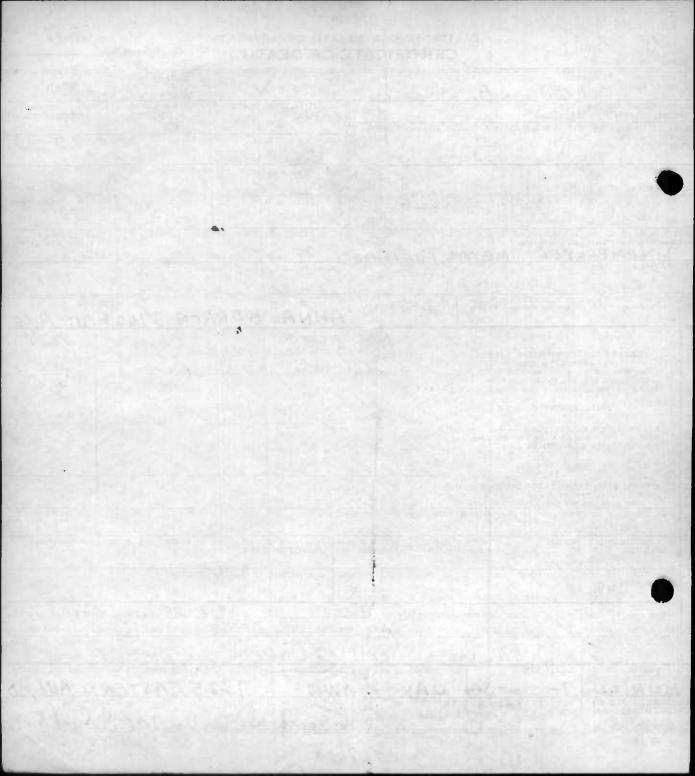
50 5847

5U 5847	CERTIFICAT	E OF DEATH	Registered No.	3017
I. NAME OF DECEASED				
(Type or Print) ALEXANDER A	BARRON		OF DEATH 7-2	-50
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	titution ; residence before admission)
B. FULL NAME OF (If not in hospital or ins	titution, give street address or		6	
NOTUTION	location)	G A J	utside corporate limits, w	rite RURAL and give township)
heren Hayana	Yrs.	D. STREET ADDRESS (If ru	aral, give location)	0/
c. Ligth of stay in Baltimore	Mos. Days	3700 Fait	Que. 30	ne 20 24
	IGLE. MARRIED	8. DATE OF BIRTH		er 1 Year If Under 24 Hours
made white		12-2-94	last birthday) Month	Bays Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even I fretired)	IND OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign country) 12	. CITIZEN OF WHAT COUNTRY?
UNEMPLOYED ME	TAL POLISHER	Maryland	C	JJA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Glorge Barr	611	Ranes To	vans	
15. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no or Anknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
unk.	SECORITI NO.	ANNA BARR	20N 3700 F	AIT AUE
18. / -/ /	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	(1) Bron	chopneumonia		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying		to read ansullis	cincu	3 day.
heart failure, asthenia, etc. It means the d	isease.	The state of the s		- Jan
injury or complication which caused of	leath.) DUE TO	7		1
ANTECEDENT CAUSES	Care	in all Vision	7	Gueeks
DISEASES OR CONDITIONS, IF ANY,	(B)			
RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	G THE DUE TO			-77-53-6-7
П	(C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIS	LATED			
	OR FINDINGS OF OPER			20. AUTOPSY?
none				YES NO
	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
mone	Lot- WWW occupa	5D 04- 110W DID 11-11-11		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCURI	
none "	n. WORK AT WORK			
22. I hereby certify that I attended	the deceased from 7-	1-50 , 19 , to 7-	2-50, 19_, t	hat I last saw the
deceased alive on 7-2-50, 19	_, and that death occur	rred at11:45 am., from the	causes and on the	date stated above.
23A. SIGNATURE	lite 15	3B. ADDREGS	3me 5 7	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	- 10000	CATION (City, town, or	
BURIAL 7- 1-50		9WN 722	SEASTED	AL AUS HA
DATE RECEIVED BY REGISTRAR'S SIGN	ATIURE:	25. FUNERAL DIRECTOR	Al	DDRESS
LOCAL REGISTRAR	41/4/	la lande of Och	1.00.0	Cabo: S.
2-1950		ADMINIA DI TELL	O JUL MAN	- OWELLA I

VS 150

1 min 6353D

46F 0



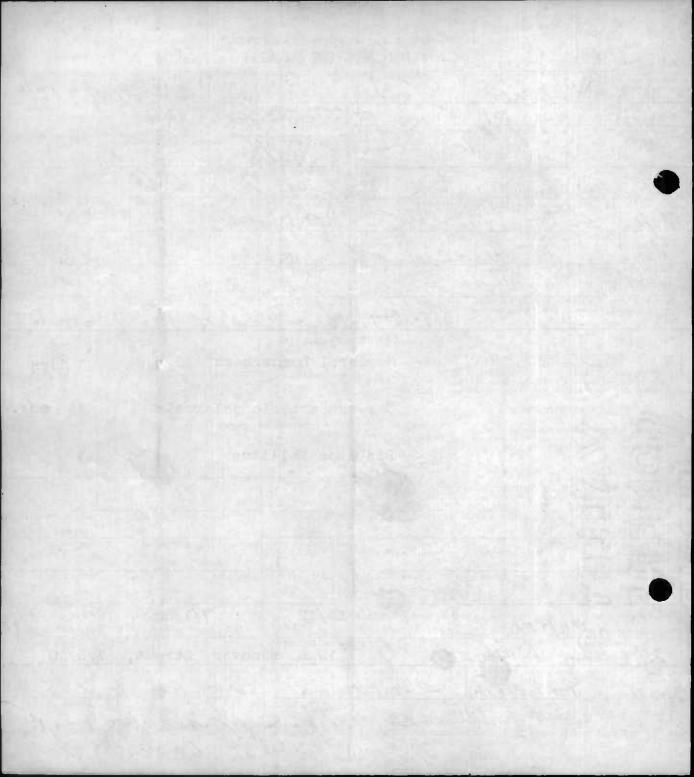
50 0	8 48	DALI	TORE CIT H	E OF D	FARIMENI	Regi	stered No	
IRTH NO.			ERTIFICAT	E OF D	EATH	, tegi	stered Mu.	
NAME OF DECEA						2. DATE		
Type or Print)	FRAN	KJ	· GuTber	LeT		OF DEATH	July	1-1950
. PLACE OF DEATH . Baltimore City,			/	4. USUAL A. STATE	RESIDENCE (Where deceased B. COL	l lived. If insti JNTY	tution: residence before admission)
FULL NAME OF IOSPITAL OR NSTITUTION	(If not in hospit	tal or institution	n, give street address or location)	c. CITY OR		f outside corpo	rate limits, wr	rite RURAL and give
500	7 Eugen	e Ave.			Baltim	N.C.	27-	township)
	1		Yrs.	D. STREET		f rural, give loc	ation)	
gth of stay i	n Baltimore	CTO LIL	Mos. Days	5007	Eugen	. Hve.		
SEX 6.C	OLOR OR RACE	7. SINGLE, WIDOWE	MARRIED. D. DIVORCED (Specify)	8. DATE OF	BIRTH	9. AGE (in last birth		1 Year ff Under 24 Hours Days Hours ; Min.
MAIC	WhiTe	MAK	RIEd	June	18-1880	10		
OA. USUAL OCCUPA	ATION (Give kind of ing life, even if retired)	108. KIND 0	OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or	foreign country	1) 12.	CITIZEN OF WHAT COUNTRY?
ngineer STO	TIONERY	11 10	Ns. Co.		LORE M	d.		
3. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME		
ChARles	9uTbe	RLET		Marga	VOT W	lalch		
5. WAS DECEASED EV	ER ID U, S. ARME yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORM			ADDR	ESS
(**		2	13-05-8980	Mrs. A	PURUETA	auTher	leT - 500	7 Eugene
18. 420	1	-	CALISE	OF DEATH	1 7 7	921-01		INTERVAL BETWEEN
	R CONDITION	DIRECTIV	4	O. DEAT.		oronar	Y	ONSET AND DEATH
LEA	DING TO DEA mean the mode	TH	A	terio.	scleroi	te ;	Diseas	2 2.4 hvs
heart failure, as	thenia, etc. It mes plication which	ans the disease,	DUE TO					
			502.10			1		
ANT	ECEDENT CAU	515	(8)	eneval	ized	Arteri	oscler	VISIC ?
	CONDITIONS,							13
UNDERLYING	CONDITION L	AST.						
			(C)					
OTHER SIGNI	II FICANT COND	ITIONS CON-			, ,			
TRIBUTING TO	THE DEATH, BUT	NOT RELATED	Ac	ute	Neph	ritis		
19A. DATE OF OF	PERATION	19B. MAJOR F	INDINGS OF OPER	RATION				20. AUTOPSY?
A1. A001DE112		1 01- 5140	- OF IN HIPY /		IEDE DID	ole in Dalaina	- Cit- wine	exact location)
HOMICIDE (S)	pecify)		E OF INJURY (e. g., i m,factory,street,office bldg.,		HERE DID OCCUR?	(II in Dalumo	re City, give	exact location)
21D. TIME (Mont	h) (Day) (Year)(Hour) 21	E. INJURY OCCURR	ED 21F. HC	W DID INJUF	Y OCCUR?		
CNJURY		WH	ILE AT NOT WHILE					
			VORK AT WORK	<u> </u>	10 57	T. /. /	10577.17	
			eceased from Just	18 71				nat I last saw the
23A, SIGNATURE		_, 19 <u>0</u> 0, a1	nd that death occur	3B. ADDRES		ine causes a		ate stated above. 3c. DATÉ SIGNED
La	an Sen!	V. X	everly N. D.	3601 1	Kelsa	(k100		7/2/50
4A. BURIAL, CREM	A- 248. DATE	24	C. NAME OF CEMETE	- /	ATORY 24D.	LOCATION (C	ity, town, or c	county) (State)
ION, REMOVAL (Specif	7/4/5		Holy Cross		Bo	IT. D	AC.	LW.
DATE RECEIVED BY		'S SIGNATUR		25. FUNER.		110.	AD	DRESS
OCAL REGISTRAR			iance, ALE	1	IND	· K	2 1	Jana Form I Rd
7-1390		A	777,50	heonar	7 0 1	uck 5	205	Yar Ford Rd

VS 150

3601 AilsA AVE.

	y HEALTH DEPARTMENT CATE OF DEATH Registered No	5849
Type or Print) IMM & Wood	2. DATE OF JULI	41,1930
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Where deceased ed. If in	before admission)
	ation) c. CITY of TOWN (If outside corporate limits,	write HURAL and give township)
with of story in Politimans 1111	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 10// HOUN OVA 10	
Will White Tingle, MARRIED, WIDOWED, DIVORCED (S	Specify) 8. DATE OF BIRTH 9. AGE (In years il lin last birthday) Mont	der i Year If Under 24 Hours hs Days Hours Min.
OA. USUAL OCCUPATION (Givekind of orline) 10B. KIND OF BUSINESS CONT. done for ing most of working life, even life tired	OR 11. BIRTHPLACE (State or foreign country) 11	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	V.
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (Vyes, give war or dates of service) (2) (2) (3)	Le Color of the Color	MOVER &F
	JSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rebral hemorrhage	3 days
injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES Ce	rebrolarterio sclerosis	9½ mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	abetes Mellitus	7
(C)	Labo 003 motilious	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	· · · · · · · · · · · · · · · · · · ·	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION ^I	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY about home, farm, factory, street, office	(e.g., in or 21C. WHERE DID (If in Baltimore City, givebldg, etc.)	e exact location)
	WHILE WORK	
22. I hereby certify that I attended the deceased from deceased alive on 7/1/50, 19, and that death	9/13/49, 19, to 7/1/50, 19, occurred at 2.500 m., from the causes and on the	that I last saw the
23A. SIGNATURE Deilel M. I	23B. ADDRESS	7/3/50
24A. BURIAL, CREMA-14B. DATE 24C. NAME OF CEI		county) (State)
OCAL REGISTRAR	25. FUNERAL DIRECTOR	UDRESS

39024 harles St. Oolo. 39, Mg



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5850

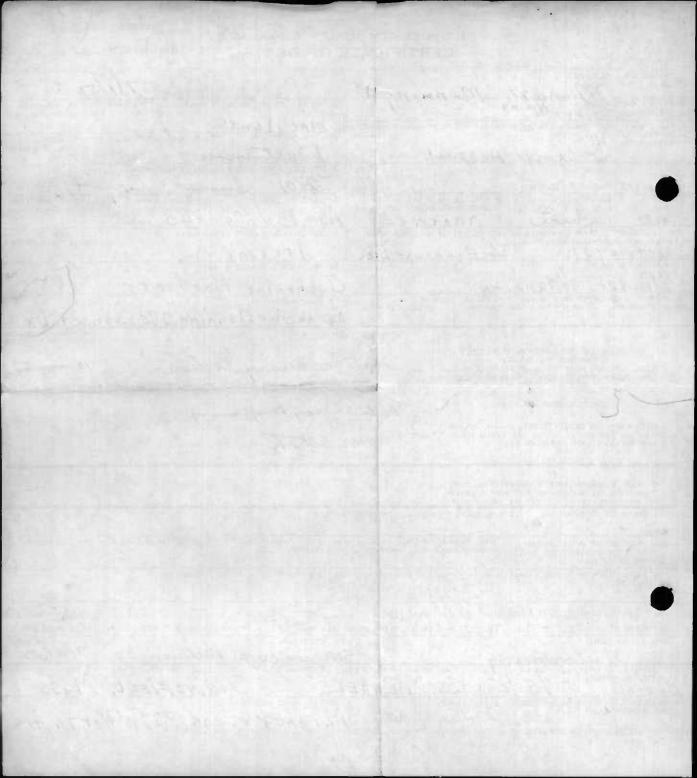
Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Mildred OF 30-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Baltimore city B FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OF TOWN . tlf outside corporate limits, write RURXL and give INSTITUTION Daltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years 8. DATE OF BIRTH If Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Colored Widow USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF neduring most of working life, even if retired) INDUSTRY WHAT COUNTRY lousewife A. 13. FATHER'S NAME MAIDEN NAME Unknown Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES!
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 1129V Caroline INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Carcinima (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 2E INJURY NOT WHILE! WORK 1950 to. 6/30 . 19 1 Phat I last saw the 22. I hereby certify that I attended the deceased from_ 19.50 and that death occurred at 3:50 P.m., from the causes and on the date stated above. deeeased alive on_ A. SIGNATURE 23C. DATE SIGNED M. D BURIAL, CREMA-24C, NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

and the months to 2. c. 1/2 21/21/21/21 . water them that it has selle

5913M

VS 150



50 5852 BALTIMORE CITY HEALTH DEPARTMENT 5852 CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) JAMES DORSE 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR DOCTORS HOSPITAL

7. SINGLE, MARRIED.

002

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUF TO

SECURITY NO

Yrs.

Mos.

Davs

DEATH JUNE 30. 1930 4. USUAL RESIDENCE (Where deceased lived, If institution; residence (If outside corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location) If Under 1 Year AGE (In years last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MAIDEN NAME INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

injury or complication which caused death.) ANTECEDENT CAUSES

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE.

HOMICIDE (Specify)

28/50 @ 1:00 PM

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

TV0.0

no

gth of stay in Baltimore

6. COLOR OR RACE

IOA. USUAL OCCUPATION (Give kind of loss kind of business or work done during most of working life, even if retired)

UNE NOTICE (Specific points)

13. FATHER'S NAME

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198 MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

1977, to.

appendix, a near the time (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

Dugease

218. PLACE OF INJURY (e.g., in or

about bome, farm, factory, street, office bldg., etc.)

WHILE AT NOT WHILE!

22. I hereby certify that I attended the deceased from.

deceased alive on the second on the date stated above. 23A. SIGNATURE

24B. DATE

238. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county) ADDRESS

20. AUTOPSY

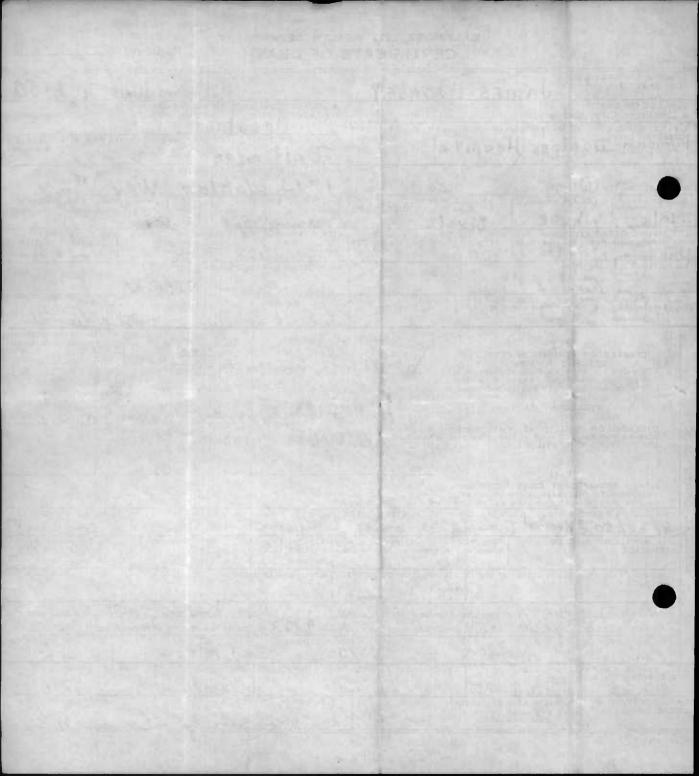
. 1950 that I last saw the

23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL CREMA-TION, REMOVAL (Specify)

REGISTHAR'S SIGNATURE



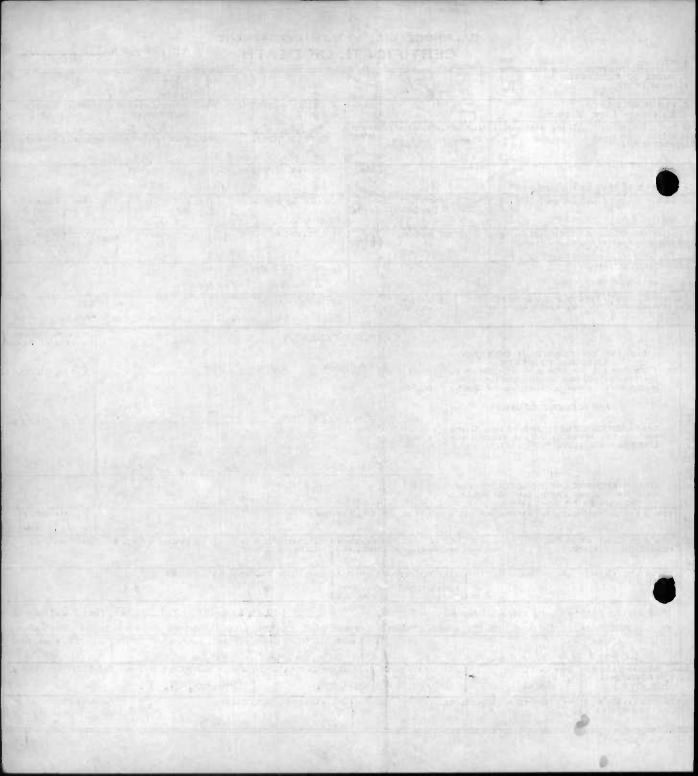
G-200 5853

50 5853

	UCI	0000	BAI		ALTH DEPARTMENT		
BIRTH	1 NO.			CERTIFICATI	E OF DEATH	Registered N	lo
I. NA	ME OF D	ECEASED				2. DATE	
Type	or Print)	BERTRAM B.	R. (COOK		DEATH JUL	4 3 1950
	ACE OF D	City, Maryland	Z-175-		4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution : residence before admission
. FUL	L NAME		tal or institut	tion, give street address or	M BRYLAND	BALTO.	Dezore damishion
HOSP NSTI	TUTION	THE UNION A	REMORIAL	HUS PITA location)		If outside corporate limit	s, write RURAL and give
-11					BALTIMORE	27-	10 township
7				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
3.	gth of s	tay in Baltimore		Mos. Days	725 E. COLDSE	PRING LANE	
5. SE)	(6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours
MA	LE	WHITE		RIED (Specify)	FEB. 26, 1885	last birthday) No	nths Days Hours Min.
OA. U	SUAL OC	CUPATION (Give kindo	I IOB. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
V PT	D. , CHIL	of working life, even if retired)	INDUSTRY	ENGLAN	(0	WHAT COUNTRY
3. FA	THER'S	NAME			14. MOTHER'S MAIDEN N		u s. A.
	will,	9m cook				SHER	
5. WA	S DECEASI	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
N (or unknown)	(If yee, give war or dat	es of service)	SECURITY NO.	MRS. COOK (WIFE)		LOSPRIDG LANG
		17.7				120 2. 000	INTERVAL BETWEEN
18.	1	$+\times$ 1			OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	- 5.5	2041 5 4 4 1 1		100
	(This does	s not mean the mode are, asthenia, etc. It me	of dying, e.	g., (A) CERE	BRAL EMBOLIS	. M	15 minul
	injury or	complication which	caused death	h.) DUE TO			
		ANTECEDENT CAU	SES				
	DISEASE	C OD COMBINIONS			ICYTHEMIA	***************************************	1 month
	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING T	NG HE DUE TO			
	UNDERL	YING CONDITION L	AST.				
				(C) CON6	ESTIVE HEART FAI	LURE ARTERI	- / month
	OTHER S	II SIGNIFICANT COND	ITIONS CO			SCLEROTIC	
		G TO THE DEATH, BUT			L INSUFFICIENCY		month
19.				FINDINGS OF OPER			20. AUTOPSY?
		2					YES NO
21. HC	A. ACCIDE	ENT. SUICIDE. (Specify)	21B. PL/	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
		(, , , , , , , , , , , , , , , , , , ,	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE CITY COOCITY		
21		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
	YAULA		m.	WHILE AT NOT WHILE			
22	I hough	as contife that I at			NE 10, 19 50, to	TULY 3 10.6	that I last saw th
					red at 4: 50 Am., from		
	A. SIGNA			and that death occur	38. ADDRESS Union 1	he causes and on in	23c. DATE SIGNED
	Als	red. S. U.O	In	м. р.	Bellemore 18 7	naryland	July 3 1950
24A.	BURIAL.	CREMA- 248. DATE	30		RY OR CREMATORY 24D. I	LOCATION (City, town,	or county) (State)
	emoval/S	7/4/50		Sylvan Lawn		ene. N. Y.	0
	RECEIVE		'S SIGNATI	0	25 FUNERAL DIRECTOR		ADDRESS / -A-
OCA	L REGIST	RAR	a whomas 1/1	7.41. At. 5	611/2	la cost V	1010 10111

2908W

76B



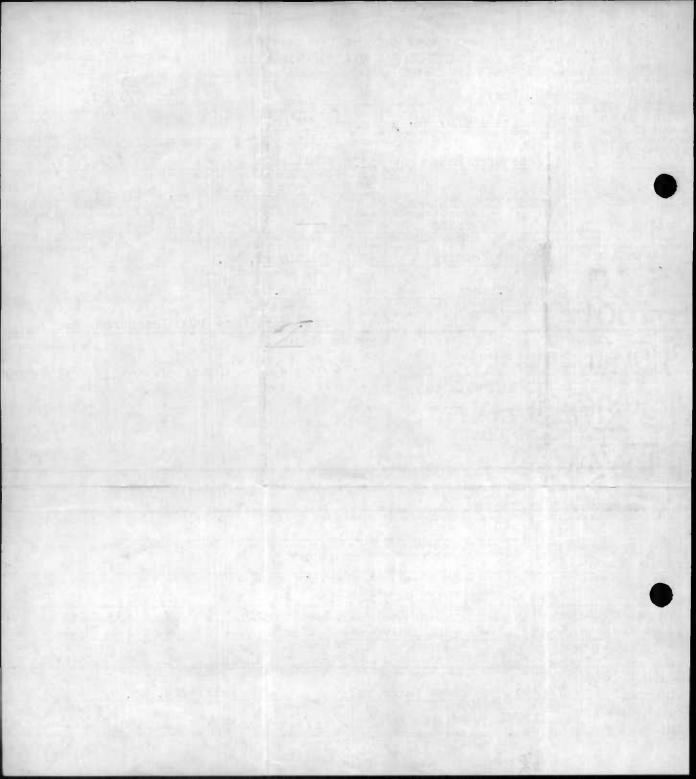
L-2 00 50 5854

50 5854

00 0004	CIMORE CITT HE	ALIH DEPART	MENI	0 000%
BIRTH NO.	CERTIFICATI	E OF DEATH	- Registered	No.
1. NAME OF DECEASED			2. DATE	
(Type or Print) James J. Lacy			OF DEATH 7/	1/50
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimo	ore, Md.	A. STATE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or instit	ution, give street address or location)	Maryland		
INSTITUTION		c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
3800 Fenchurch		Baltimore		1200
	ДО Yrs. Mos.		SS (If rural, give location)	
gth of stay in Baltimore	Days		nurch Road, Guil:	ford
WIDO	LE. MARRIED. WED. DIVORCED (Specify) 'TIO'	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY INDUSTRY	Baltimore,	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAI		
Joseph J. Lac	v	Mary F. Co	ollins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS
(11 yes, give war or dates of service)	SECURITY NO.		Lacy 3800 Fenchi	
18. 420	CALICE	OF DEATH	Dacy Jood Felicini	INTERVAL BETWEEN
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ase, th.) DUE TO	os on ary	Occlusion	10 hours
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
194. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	ACE OF INJURY (e. g., ir e, farm, factory, street, office bldg., e			, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID	INJURY OCCUR?	
NJURY m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th	e deceased from 6	- 30 1957	7to 7-1 19-	that I last saw the
deceased alive on 6-30 1950	and that death occur	red at 8:10 4m	from the causes and on	the date stated above
23A. SIGNATURE		3B. ADDRESS	last -	23C. DATE SIGNED
P.O. Styn	м. D.	11 0	han , S.	7/3/50
24A. BURIAL, CREMAY 24B. DATE	24c. NAME of CEMETER	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
Rurial 7/4/50	New Cathedral	NEW YEAR	Baltimore, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRE	CTOR	ADDRESS
LOCAL REGISTRAR	Misses, Mills		V	Alfa 1. 1 21

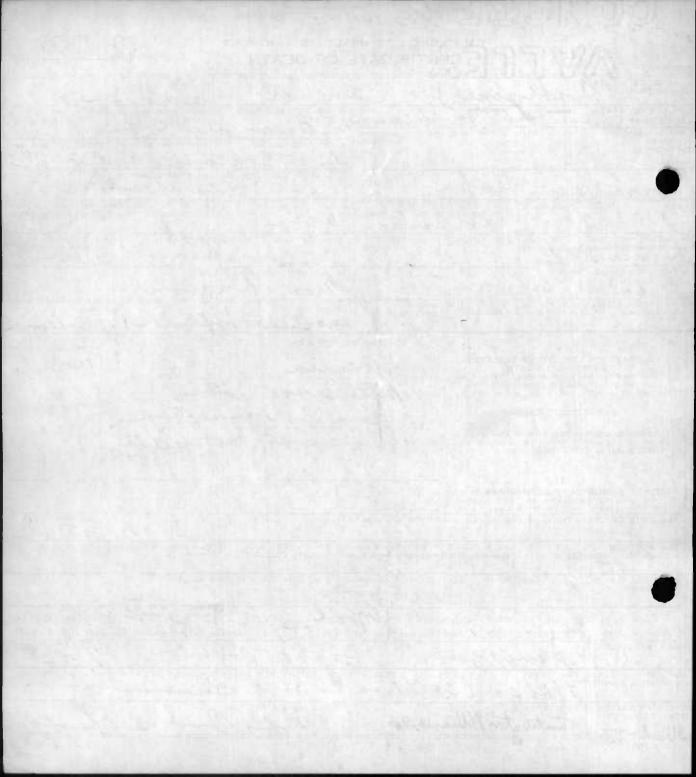
290 34

940



5855 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution : residence A. Baltimore City, Maryland hefore admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) eans Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Leigth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. whent. IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even fretired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from Cha 195 That I last saw the deceased alive on july 2 and that death occurred at 8 .m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 4A. BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

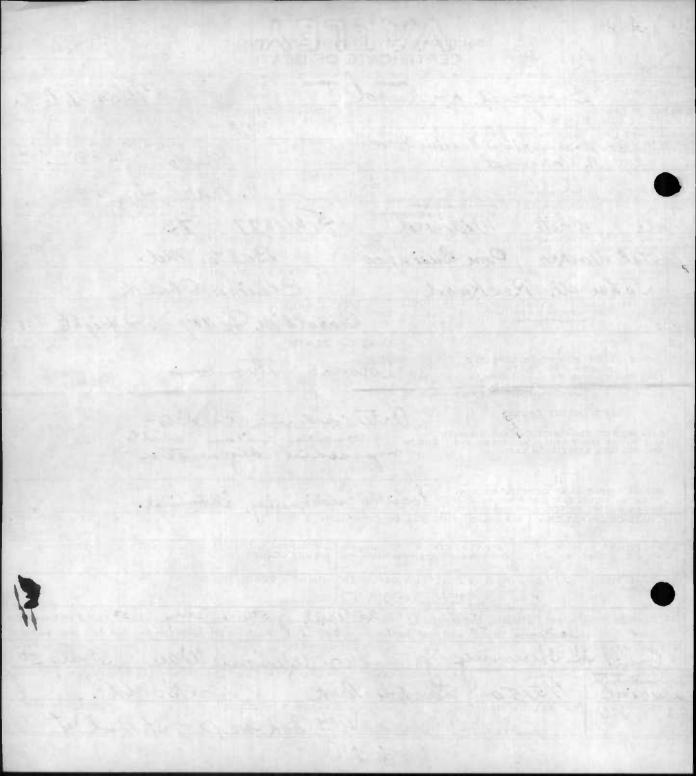
VS 150



200		0005
5050	E OF DEATH Registered No.	-5856
1. NAME OF DECEASED (Type or Print) BARY (TIP)	Cook 2. DATE JULY	3 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Women's Hospital	4. USUAL RESIDENCE (Where deceased lived. If insti	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION LA (a up the My Jahn ST		rite RURAL and give
RALTO IT MD Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	5-010
c. Seth of stay in Baltimore Days 5-SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	942 (ATON 140	
Female White Sincle	July 3 1950 last birthday) Months	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, eveo if retired)		WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.3.19.
Irvin Douglas Cook	MARgaret Lee Grubes	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoown) (11 yes, give war or dates of service) SECURITY NO.	Parent - Margaret Lac	Coak
18. 96/5 . CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1624	7
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ground necle (2x)	•
	mature Sparation Placoute	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	MATERNAL LONG	
UNDERLYING CONDITION LAST.	Rleading AN	0.
OTHER SIGNIFICANT CONDITIONS CON-	raportion of theory	04
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in the control of the contro		exact location)
HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.	INJURY OCCUR?	
NJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR		
July 3 195 m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from deceased alive on 19 3 19 5 and that death occur	rred at 2 •7 Am., from the causes and on the d	
		3c. DATE SIGNED
Drid-E. Jadan M.D.	15w. MT. Verwa Hou	July 3 Ma
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE 110N, REMOVAL, (Specify)	ery or CREMATORY 24b. LOCATION (City, town, but	2red
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS
LOCAL REGISTRAR Williams, M.B.	Watook June 1217St Pary	SA / Cally
111 3-1950	1	100 hed
JOF 2 120	/ (900

JUL 3 - 1950

COMMOTIVE THE PROPERTY OF THE PARTY AND ADDRESS OF THE



460 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

50 - 5858

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased locd. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION LOHAS HOPKINS HUSPIFAL township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. 35 YRS. th of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE un years If Under 1 Year MIDOWED, DIVORCED (Specify) last byrthday) Months: Days Hours: Min. rried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF (working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO JOHNS HOPKINS HUSPITAL 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 21B. PLACE OF INJURY (e. g., in or ! 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE WORK 22. I hereby eertify that I attended the deceased from_ AM. 194 1 to Lu & . 195 Othat I last saw the deceased alive on uly 3, 19 5 Oand that death occurred at/1 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED NS HUSPITL

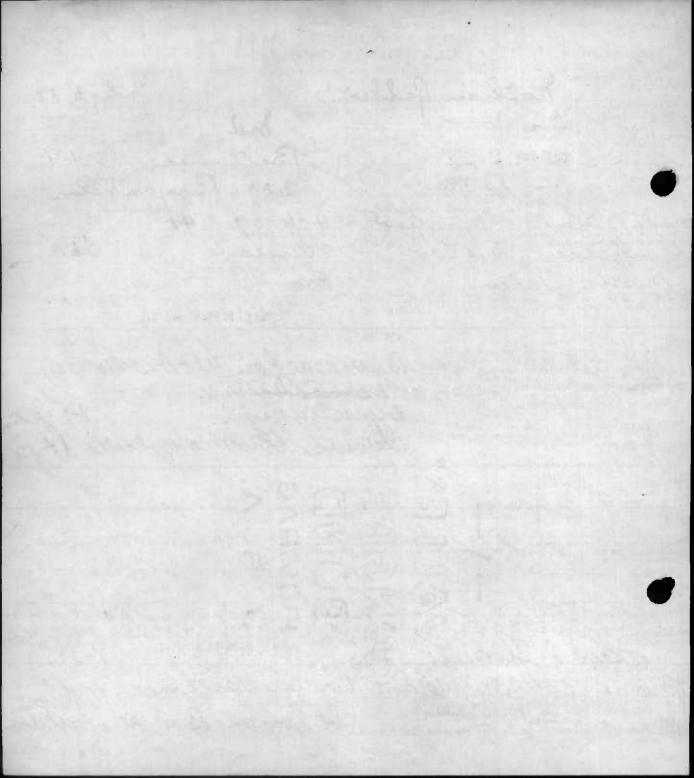
CREMA-

24D, LOCATION (City, town, or county)

DATE RECEIVED BY

VS 150 10 1 1 Can 1 1 1 1 1 1

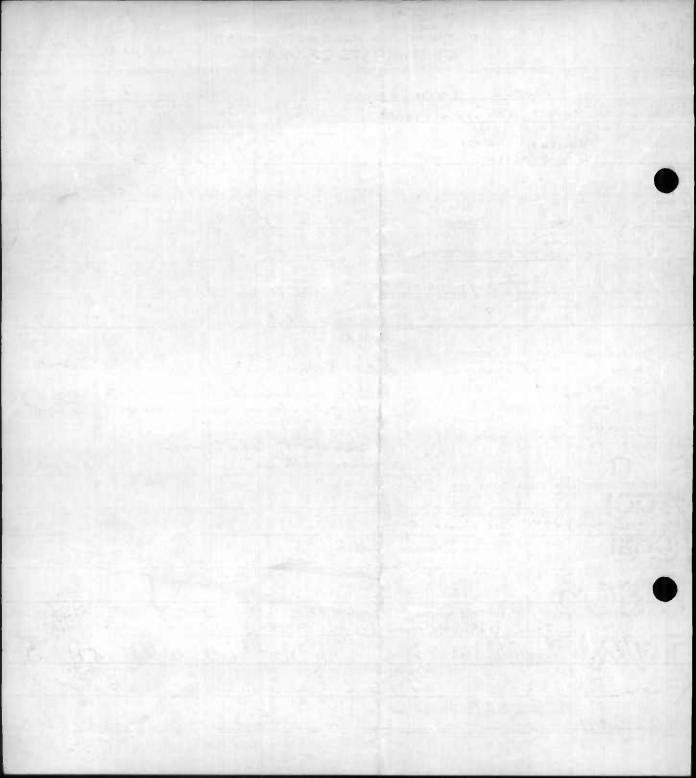
OCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	5859
egistered	No	0000

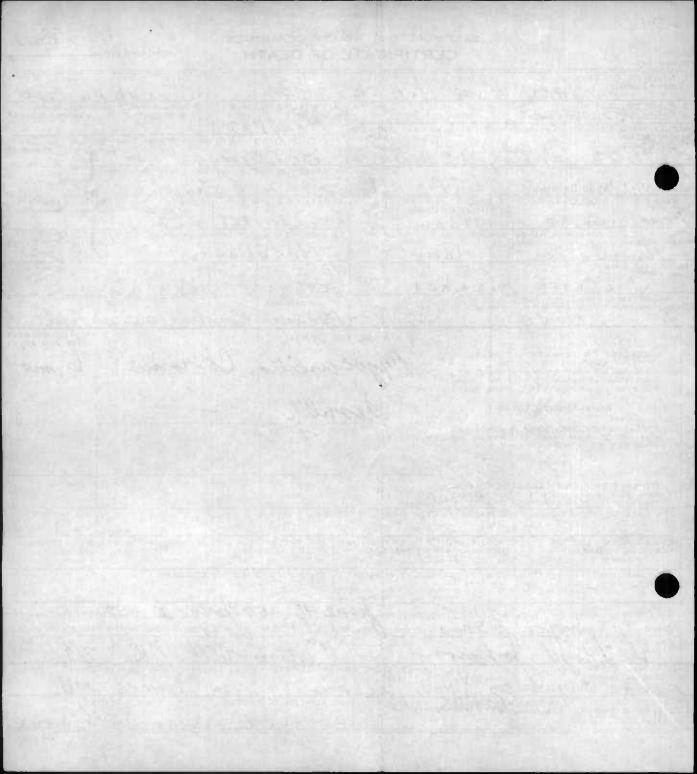
CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) MABLE DUPREE 3. PLACE OF DEATH: A. Baltimore City, Maryland PROVIDE NI HOSPITAL B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURA)	
(Type or Print) MABLE DUPREE 3. PLACE OF DEATH: A. Baltimore City, Maryland PROVIDENI Hospital B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR MABLE DUPREE 4. USUAL RESIDENCE (Where deceased lived, If institution: rebefore before location)	
3. PLACE OF DEATH: A. Baltimore City, Maryland PROVIDE NI Hospital B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution).	
A. Baltimore City, Maryland PROVIDE NI HOSPITAL A. STATE Maryland B. COUNTY before B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR)	
HOSPITAL OR	admission)
INSTITUTION PROBLEM INSTITUTE	L and give
1514 Division Street North Gast 5700	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Igth of stay in Baltimore Days 1 askington St - 1304 13	2
WIDOWED, DIVORCED (Specify) I last birthday) Months Days He	Under 24 Hours ours Min.
10A. USUAL OCCUPATION (Givekind of 10a, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	OF
work done during most of sold to the	OUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	. a
George Ferguson Mary Vanage	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS	
Mr. William J. Dugree - north Es	L mi
	BETWEEN ND DEATH
DISEASE OR CONDITION DIRECTLY	_
heart failure, asthenia, etc. It means the disease.	
ANTECEDENT CAUSES injury or complication which caused death.) DUE TO Partial mechanical Obstruction of (*) Small gut - Sleum, Post-operative 6-20	
ANTECEDENT CAUSES Small gut - Heum, Post-operative 6-20	7-50
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	*******************
UNDERLYING CONDITION LAST. (1) Dermoid Cyst, Left Orang	
(c) nochelar Uterus 6-14	-50
OTHER SIGNIFICANT CONDITIONS CON-	
O TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19C-14-50, (46-29-50) See above 8-C YES	NO NO
21A. ACCIDENT, SUICIDE, PLACE OF INJURY (e.g., in or 1) PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact locs about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
	saw the
22. I hereby certify that I attended the deceased from 6-12, 1950, to 7-3, 1950, that I last	
deceased alive on 7-3 19 5P, and that death occurred at 10: 209.m., from the causes and on the date state	
deceased alive on 7-3 195P, and that death occurred at 10: 209.m., from the causes and on the date state	
deceased alive on 7-3 19 5P, and that death occurred at 10: 209.m., from the causes and on the date state 23A. SIGNATURE 23B. ADDRESS 123C. DATE 23C. DATE 23C. NAME OF CEMETERY OF CREMATORY 24D. 10CATION (Six, town, or county)	
deceased alive on 7-3 19 FP, and that death occurred at 10: 209.m., from the causes and on the date state 23A. SIGNATURE 23A. SIGNATURE White the state 23B. ADDRESS	SILE
deceased alive on 7-3 19 FP, and that death occurred at 10: 209.m., from the causes and on the date state 23A. SIGNATURE 23A. SIGNATURE White the state 23B. ADDRESS	SILE
deceased alive on 7-3 19 FP, and that death occurred at 10: 209.m., from the causes and on the date state 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or copiny) 24A. BUNIAL. CREMA- 24B. DATE 110N, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or copiny) 24A. BUNIAL (Specify) 25 FUNERAL DIRECTOR ADDRESS	SILE



BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	50	5860
Registered	No	

BI	RTH NO.	9		CLITTI ICAT	L OI BLAII		
1. (T	NAME OF D	PECEASED	EVA	KESE	Ling	2. DATE OF DEATH J	LV 2.1950
	PLACE OF D Baltimore (EATH: City, Maryland			A. USUAL RESIDE	NCE (Where deceased lived	
B. He	FULL NAME		al or institution	on, give street address of	MARVL	And Of outside composets I	imits, write RURAL and give
IN	STITUTION 3	22 h/ /	AVET	TEST	BAIT	INORE 2	township)
D			Y	Yrs.	D. STREET ADDRE) (1
c.		tay in Baltimore	41	FE Mos. Days		W. FAYETT	E 3C.
3.	SEX AG (5	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify	1 .1	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
Ori	11	of working life, even If retired)	1	OME	MARV	LAND	WHAT COUNTRY?
13	FATHER'S	NAME	P		14. MOTHER'S MA	IDEN NAME	1
1.5	(50		Hise	HER	GERTRUD	E Schmid	t
Ye	, no or uokoowo)	/	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Vi	ADDRESS 44 (4
	No	NOWE		NONE	MAMCES	MESELING 23	SZW PAYECTEST.
H	18. H	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH	00.	ONSET AND DEATH
		LEADING TO DEA	TH	Myd	carlitis	Chrome	- 6.mo.
	heart failt	re, asthenia, etc. It mes complication which	ans the disease	. //)		
		ANTECEDENT CAU	SES	So	nily		
2	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)	1 money	T	
4	UNDERLY	THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	E DUE TO	4		
7				(C)			
2		II SIGNIFICANT COND		•			
7		TO THE DEATH, BUT	CAUSING IT				
ļ	19A. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPE	RATION		YES NO
2		ENT. SUICIDE.	21B. PLA	CE OF INJURY (e. g.,	in or 21c, WHERE D		ty, give exact location)
7 1	HOMICIDE	(Specify)	about home, far	rm,factory,street,office bldg.	,etc.) INJURY OCCUI	R7	
-	NJURY	(Month) (Day) (Year	7.1	TE. INJURY OCCUR		INJURY OCCUR?	
	•			WORK NOT WHILE		11	
		y certify that I att		. //.	ne-16, 195		9.5 Pthat I last saw the
	23A. SIGNA	TUBER OF THE PROPERTY OF THE P	, 19 2 a		rred at 8:30A m.,	from the causes and or	n the date stated above.
	0.	Idone)	ohns	M.D.	atom	ville MI	7/3/50.
24 TIC	N. REMOVAL	REMA-14B. DATE	2	4C. NAME OF CEMET	ERY OR CREMATORY	24b. LOCATION (City, to	own, or county) (State)
	SURIA LA TE RECEIVE		50	VEW CALL	E ORAL DIRI	BALTIMOR	E Md.
L	CALREGIST	D BY REGISTRAR	STRY BU	OSCHULA, MUSE	1	1011	10.
-	VS 150		P. SHARAS	· waster	BEORGE	L. Jehwab 2	101 FREDERICK



50 5861 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Bertha Lenora Johnson DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN MEXIMUXIONX St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Leigth of stay in Baltimore 1312 Eutaw Place Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years I Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OF RACE 8. DATE OF BIRTH

& Goldman

SECURITY NO. 6-07-3678

CAUSE OF DEATH

16. SOCIAL

DUE TO

Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY

Hwfe & Seamstress
13. FATHER'S NAME Own Home

John Henry Marsheck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

18.

CERTIFICA

MEDICAL

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

11

June 30, 1950 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

Carcinoma esophagus
218. PLACE OF INJURY (e. g., in or
about home, farm, factory, etreet, office bldg., etc.)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE ATT

NJURY WORK

22. I hereby certify that I attended the deceased from June 17, 1950, to July 2, 1950 that I last saw the

deceased alive on July 2. . 19 50, and that death occurred at 1:15p.m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE

240 NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) TION, REMOVAL (Specify LY REDEELER CEM? BURIAL

DATE RECEIVED BY

July 2, 1950 before admission)

12. CITIZEN OF

ADDRESS

Same

USA

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

(If outside corporate limits, write RURAL and give

Oct. 29- 1879 11. BIRTHPLACE (State or foreign country)

Baltimore 14. MOTHER'S MAIDEN NAME

21c. WHERE DID

INJURY OCCUR?

11:00 N Caroline St.

25 FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

Minnie Wolf 17. INFORMANT

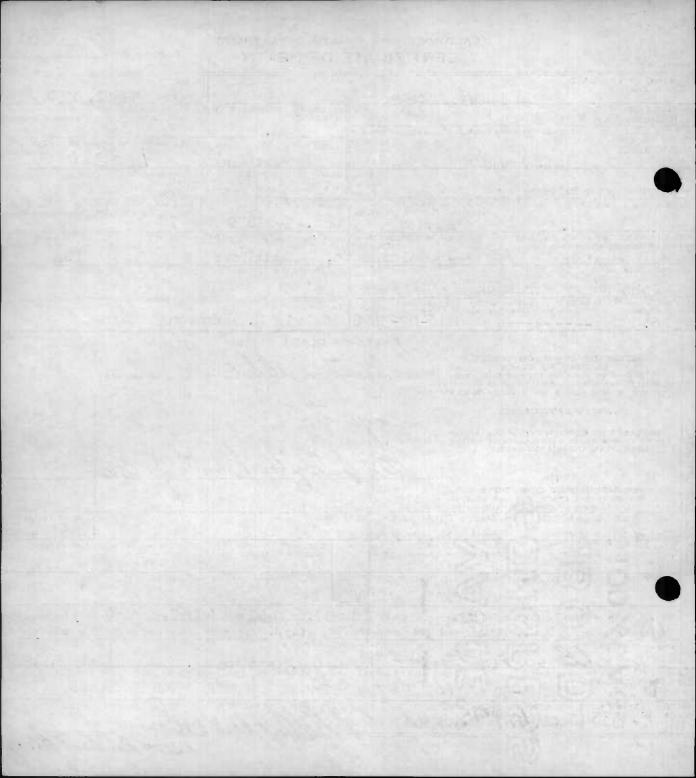
Calvin E. Johnson

20. AUTOPSY (If in Baltimore City, give exact location)

23c. DATE SIGNED

BALTI ORD MARYLAND ADDRESS

VS 150

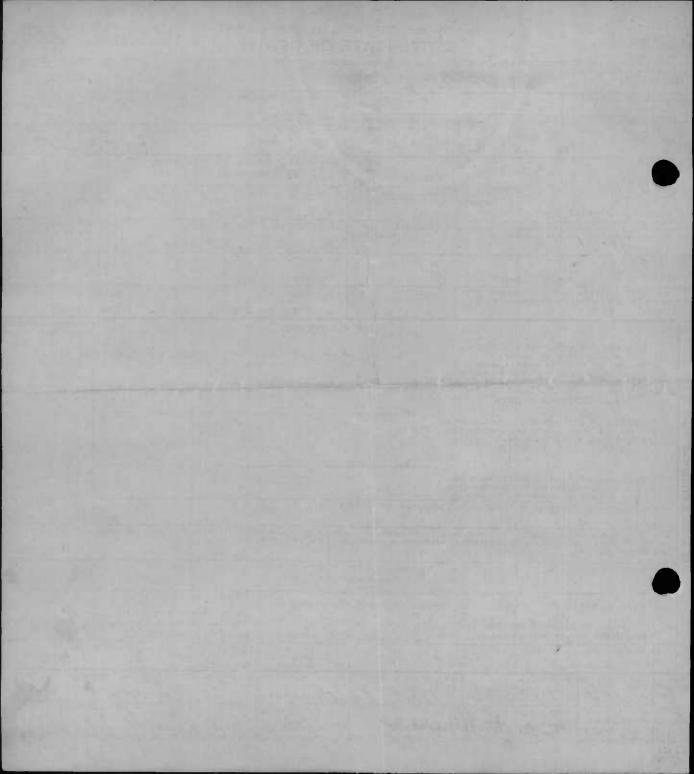


RECEIVED BY

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH July 1, 1950 SADIE PHILLIPS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Franklin Squire Hospital D. STREET ADDRESS (If rural, give location Yrs. Mog 262 N. Bruce Street th of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (in years) AGE (In years | Munder | Year | Munder 24 Hours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Female. Colored widowed Feb. 22, 1895 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Calvert Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Jones Nancy Bloom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. Jones. 262 N. Bruce Street Lawrence INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriaclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A, DATE OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? P. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT AT WORK WORK Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY City, town, or eounty) CREMA 48. DATE

OCAL REGISTRAR VS 151

ADDRESS



-600

BALTIMORE CITY HEALTH DEPARTMENT

	50	5863
istered	NO	0000

Reg CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived, If institution: residence A. Baltimore City, Maryland 4 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street, address or HOSPITAL OR location) (If outside corporate Imita, write RuitAL and give Yrs. (If rupul, give location) Mon c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last intirday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 11. BIRTAPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF during most of working life, even if retired) INDUSTRY WHAT COUNTRY? No PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, poor unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Spul 1950 21B. PLACE OF INJURY (e. g., in or 2 about home, farm, factory, street, office hidg., etc.) IN bower EDICA 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT rely 3 _, 19 50, that I last saw the 22. I hereby certify that I attended the deceased from Im., from the causes and on the date stated above. ely 3, 1950, and that death occurred at 10deceased alive on_ 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 2320 Western (2 Theoart M. O. 24A. BURIAL, CREMA-LAC. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) Jurias FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY

VS 150

L' Back Lann

west the state of the same

46E

2320 batalog

455

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5864

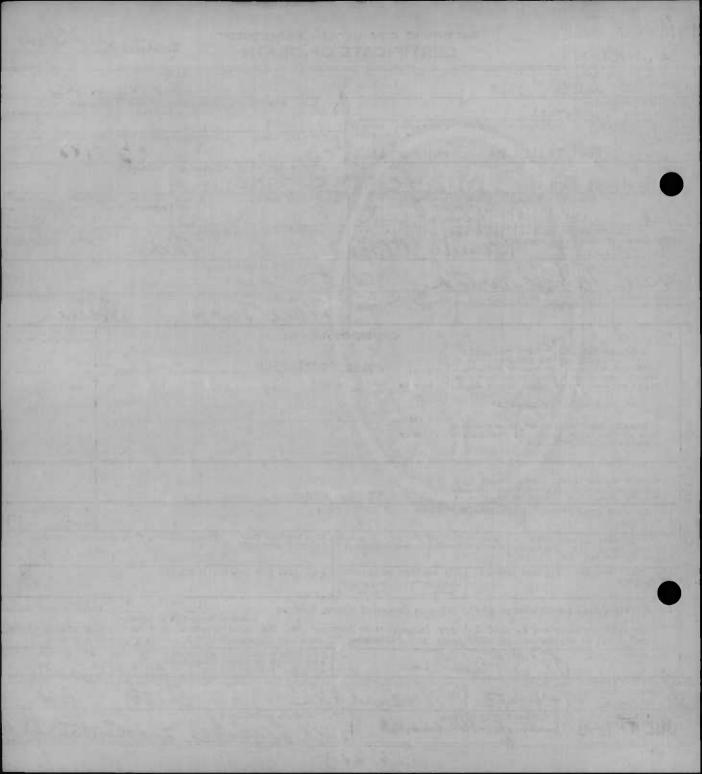
В	IRTH NO.			CERTIFI	CATE	OF DEATI	H	Registere	d No	
	NAME OF DE	ECEASED BER-	THA	Bhul	MEN	ISTIEL	, 2	OF DEATH	-3-0	0
	PLACE OF DE Baltimore C	EATH: lity, Maryland				4. USUAL RESIDE	Where Where			sidence admission)
H	FULL NAME (OF (If not in hosp)	al or institution		ddress or location)	C. CITA)OR TOWN	(If outs	ide corporate	mil), write RORA	L and give
1	ISTITUTION -	354 be	itaio	la	ee	Valter	mos	1	5,000	township)
c.	Ligth of st	ay in Baltimore		9	Yrs. Moar Days	2354	Selfa	l, give location	Place	
	SEX MINSO	6. COLOR OR RACE	7. SINGLE	MARRIED,		8. DATE OF BIRTH	9.	AGE (In years lat birthday)	it Under ! Year it Months Days He	liader 24 Hours ours Min.
1C wor	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	10B. KIND		S OR DUSTRY	11. BURTAPLACE (S	State or foreig	n country)	12. CITIZEN WHAT C	OF OUNTRY
13	FATHER'S N					14, MOTHER'S MA	TOEN NAME			
0	Isaac	, Hu	spa	un	,	Karok	us			
(Ye	s, no or unknown)	D EVER IN U. S. ARME: (If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	Y NO.	Trederer	x For	demir	ADDRESS A	ame
CERTIFICATION	(This does heart failur injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE DI	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU: S OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION L. II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	TH of dying, e.g. of dying, e.g. of dying, e.g. on the disease caused death. SES IF ANY, GIVING STATING TH AST. ITIONS CON NOT RELATE N CAUSING IT	(B)	CONT	nury sc	leres			TOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	218. PLA	CE OF INJUR	Y (e. g., in	or 21c. WHERE D		Baltimore Cit	yes	NO Lation)
MEI	NJURY	Month) (Day) (Year y eertify that I at ive on 1 - 3	(Hour) 2 m. w tended the 6 m. 19 50 a	HILE AT MORK Deceased from	occurre not while at work m. 7- th occurr	2 1F. HOW DID 3 - 1 19 red at / 0 - 7 m., 3B. ADDRESS.	INJURY O	3 - Jas	,	ed above
	4A BURIAL, C	REMA- 248. DATE		4c. NAME OF		RY OR CREMATORY		TION Waty, to		(State)
	ATE RECEIVED		'S SIGNATUI		MP	S. FUNERAL DIR	1	2100	ADDRESS OLIVE	Re
	VS 150	2. Jakline	- J.	(A) A FILLE A C	1				94a	

1 My Son Good CHAT STAY THE STATE OF THE STATE OF

-100		BALTIMORE CITY HE	EALTH DEPARTMENT	51	5865
BIRTH NO. 5	865	CERTIFICATI	E OF DEATH	Registered No.	0000
I. NAME OF D (Type or Print)		ABB		2. DATE OF DEATH July 4	. 1950
	City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME HOSPITAL OR INSTITUTION	OF ('f not in hospit	al or institution, give street address or location)		outside corporate limits, w	
116	West Baltim	ore General Hospital	Baltimore D. STREET ADDRESS (If r	15 T	10 township)
e ngth of s	stay in Baltimore	Mos. Days	3844 Dolfield A		
5. SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Months	Days Hours Min.
IOA, USUAL OC	CCUPATION (Give kind of of working life, eyen if retired)	ION KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	ming Niors	14. MOTHER'S MAIDEN NA	ME	
Ham	lavaci	weck	Dora		
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Johne Tab	L ADOF	RESS
(This doe heart fail finjury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mee complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDIG G TO THE DEATH, BUT	DIRECTLY TH Of dying, e. g., Ins the disease, reaused death.) DUE TO SES FANY, CIVING STATING THE UST. (C) ITIONS CON- NOT RELATED	of DEATH ry occlusion		ONSET AND DEATH
TO THE D	SEASE OR CONDITION		ATION	<u> </u>	20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., in about bome, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
210. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
the cv	idence obtained by	ge of the remains described a said Autopsy, Inspection or I resulted from: natural eauses	nquiry, find that said de	nspection or Inquiry eeased died on the d	hereon and from lay stated above, etermined .
23A. SIGNA		Figlian	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	XAMINER 23c. D	ATE SIGNED
24A BURIAL. TION, REMOVAL (S	CREMA- 24B. DATE Specify 7-4-	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City town, or o	Mounty) (State)
DATE RECEIVE	1950 REGISTRAR	S SIGNATURE.	25. FUNERAL DIRECTOR	e 21006	itan Po
V S 151		2906	A	94	aV

.

-



62 25866
BIRTH NO.
1. NAME OF DECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

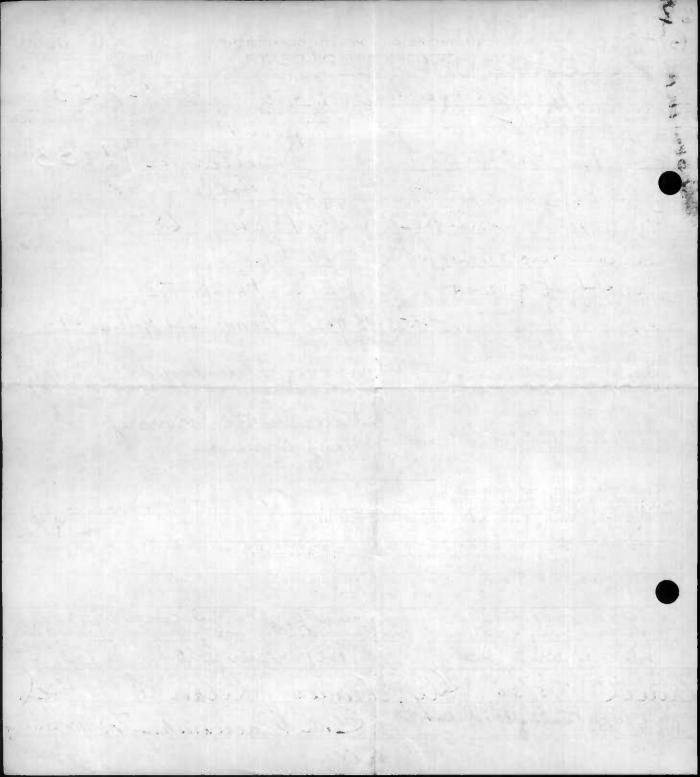
50 5866

1. NAME OF DECEASED AND DRUZGA BRUZGA BRUZ	CERTIFICATE OF DEATH Registered No.
A. USAL RESIDENCE Continue City, Maryland A. USAL RESIDENCE Continue City, Maryland A. USAL RESIDENCE Continue City, Maryland A. USAL RESIDENCE City, Maryland A. USAL RESIDENCE City, Maryland A. USAL RESIDENCE City of the continue City, Maryland A. USAL RESIDENCE City of the continue City, Maryland City,	1. NAME OF DECEASED A
Baltimore City, Maryland Brittle NAME of City of one in hospital or institution, give street address or hospital or institution or decay and hospital or institution or hospital or institution or hospital or institution, give street address or hospital or hospital or institution, give street address or hospital or institution, give street address or hospital or ho	(Type or Print) MARY DRUZ9A. (BRUZ9RITE) DEATH /- 2-50
Interval Between the mole of dring, and the mole of dring, and the mole of dring or complication which caused death.) Cause of Death Disease of Condition Last. Due to Cause of Due to Cause of Due to Cause of Status of Cause of C	
INSTITUTION C. Sept Stay in Baltimore	
The control of stay in Baltimore C. Sight of stay in Baltimore C. Sight of stay in Baltimore C. Sight of stay in Baltimore C. Days C. Sight of stay in Baltimore C. Sight of stay in Balti	INSTITUTION (IT outside corporate mails while RURAL and give
C. Sigh of stay in Baltimore 40. Moss Bays Selection of Stay in Baltimore 5. SEM 6. COLOR of RACE 7. SINGLE, MARIED. WDOWED DIVORCED (Specify) 8. DATE of BIRTH 1. Best by Upday) Months Days Hours 1. Bible 1 Very Months Days Hours 1. Bible 1 V	
10. USI/AL OCCUPATION (G/A kind of ork decertifier conforming lift, every fire from the continuence of the c	Mos. 821 Helling Afr.
10. USUAL OCCUPATION (Grating lift every fire three) 10. KIND & BUSINESS OR INDUSTRY 11. BATHER'S NAME 12. CATIZEN OF WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. CAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO SECURITY N	WEOWED, DINORCED (Specify) / / last het heday) Months; Days Hours; Min.
15. FATHER'S NAME 15. CAS DECRASED EVER IN U. S. ARMED FORCES? Yee, un or unknown) 18. CAS DECRASED EVER IN U. S. ARMED FORCES? Yee, un or unknown) 19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. s., heart failure, suthering, et. It means the disease, injury or compileation which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11. (C)	10A. USUAL OCCUPATION (Grekinded) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF
14. MOTHER'S MAIDEN NAME 15. (A) DECEASED EVER IN U. S. ARMED FORCES? Yes, un or unknown) 15. (A) DECEASED EVER IN U. S. ARMED FORCES? Yes, un or unknown) 16. SOCIAL Yes, un or unknown) 17. INFORMANT 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Outturblusto Covering (C) TOTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21A. ACCIDENT, SUICIDE, about home, (arm, factory, street, office bidg, etc.) 10 TIME (Month) (Day) (Year) (Hour) 21A. ACCIDENT, SUICIDE, about home, (arm, factory, street, office bidg, etc.) 10 TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR?	WHAT COUNTRY?
15. (A) DECEASED EVER IN U. S. ARMED FORCES? Yes, un or unknown) 16. SOCIAL SECURITY NO 2/1-ON-3898 FOSE FLEORS SLI Hollius St. 18. (A) CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH OF THE DE	
15. CAS DECEASED EVER IN U. S. ARMED FORCES? Yes, un or unknown) 18. CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES, un or unknown) 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITION CAUSING IT. 12 INFORMANT SECURITY NO DISEASE OF CONDITION COUNTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITION CAUSING IT. 12 INFORMANT SILICIDE. ADJUNCTION COUNTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 13 A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO DISEASE OR CONDITION CAUSING IT. 21 A. ACCIDENT, SUICIDE. ADJUNCT (a. g., in or labout home, farm, factory, street, office bidg., etc.) 21 A. ACCIDENT, SUICIDE. ADJUNCT COCCUR? 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?	took Karaca to the
Yes, in or unknown) (If yes, give war or dates of service) 217-03-3898	15 Mad propagn sysp in H G and propagn
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE. About home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	Yes, un or unknown) (If yes, give war or dates of service) SECURITY NO.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION 11 OTHER DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	18. 4-1 CAUSE OF DEATH INTERVAL BETWEEN
Control of the pole of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	DISEASE OR CONDITION DIRECTLY
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	LEADING TO DEATH (This does not mean the mode of dying a g
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	heart failure, asthenia, etc. It means the disease, injury or complication, which caused death)
UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bidg., etc.) 19D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bidg., etc.) 19D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	ANTECEDENT CAUSES (B) Orthogolyptic Coronyse
UNDERLYING CONDITION LAST. (C)	DISEASES OR CONDITIONS, IF ANY, GIVING
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	. 11
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	TRIBUTING TO THE DEATH, BUT NOT RELATED
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. TIME (Month) (Day) (Year) (Hour) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR?	
HOMICIDE (Specify) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	YES NO
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
NJURY	about a basis, in any in the second of the s
NJUK!	
m. WORK AT WORK	WHILE AT NOT WHILE
	0 2 57 0 0 0
deceased alive on July 2, 1950, and that death occurred at 5:30 m., from the causes and on the date stated above	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	234/SIGNATURE 23c DATE SIGNED
24a, EVRIAL, CREMA- 24B. DATE 24c NAME OF CEMETERY OR CREMATORY 24p LOCATION (City town, or county) (Street, Name of Cemetery or Crematory)	244 BURIAL, CREMA- 24B. DATE / 246 NAME OF GENETERY OR CREMATORY 240 LOCATION (City Joyp, or county) (Style)
Jurel 7/5/50 Holy Medlemer Belan Re Mil	Jureel 7/5/50 Holy Redeemer Belan Re Mich
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
JUL 4-1950 tutus or Milant, Mil tule V. Jacleausters 703/40 fem	JUL 4-1950 / Tarle V. Jackensless /03/40/fenry

VS 150

69046

94a/



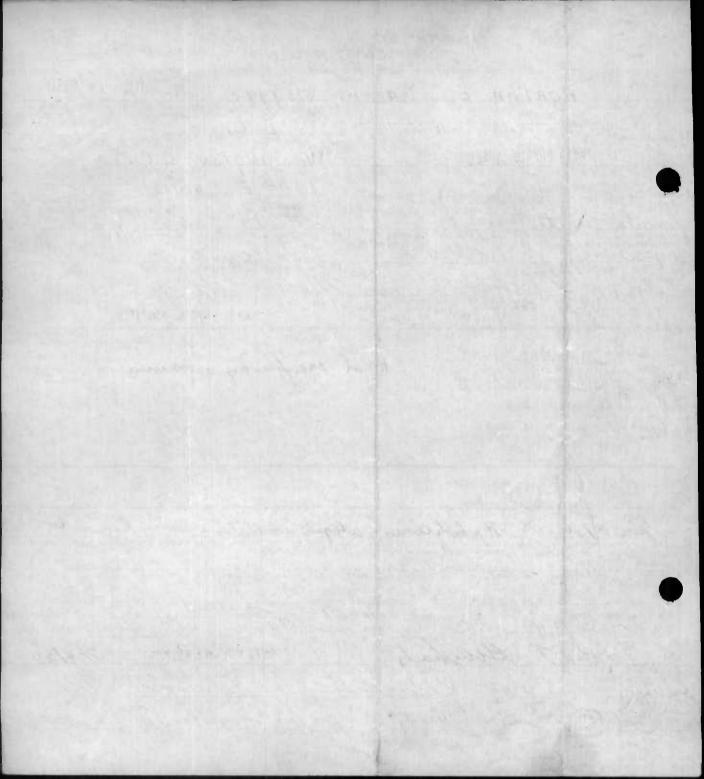
1	53				
	50 5	3 138282 BALTIMORE CITY HE	EALTH DEPARTMENT	50	5867
ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D	Christopher Thornton	HALL CALLSON	2. DATE OF July 3	, 1950
	PLACE OF D Baltimore (EATH: City, Maryland	4. USUAL RESIDENCE (W		itution: residence before admission)
В.	FULL NAME		MD		
	STITUTION	4940 Eastern Ave.	Baltimore	outside corporate limits, w	rite RURAL and give township)
	agth of s	tay in Baltimore 30 yrs. Mos. Days	D. STREET ADDRESS (If		
5.	SEX	6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH		r I Year If Under 24 Hours
	Male	Negro WIDOWED, DIVORCED (Specify)	Dec. 25, 1899	last birthday) Month	Bays Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of procedure) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Walter Thornton	14. MOTHER'S MAIDEN NA Catherine Brown	AME	18 1 800
15 (Yes	, mo or unknown)	ED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	B. C. H. Records	s, 4940 Eastern	RESS 1 Ave.
CERTIFICATION	DISEASE: (This does heart failus in jury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION DIRECTLY	OF DEATH	3.	ONSET AND DEATH
	5-28-50	6-2-50 198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY7
MEDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bldg., control of the control o		f in Baltimore City, give	exact location)
~	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereb	y certify that I attended the deceased from 5-		1y 3 , 19 50t	
	23A. SIGNAT	TURE / 1/2	38. ADDRESS 4940 Eastern Ave.		3c. DATE SIGNED
24 TIO	SUCK!		LO VALLE	OCATION (City, town, or	county) (State)
LC	TE RECEIVE	PBY REGISTRATES SIGNATURALE, MIKE	25. FORERAL DIRECTOR	tead-	918-
-	VS 150	9709	g Duid	Hill C	21e.

THE MELLEDRICE and most taken as here. . and the district of the Co A Comment

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 5868

-				
	NAME OF DECEASED (Type or Print) AGATHA E. BALO PLACE OF DEATH: Baltimore City, Maryland	64 539993	2. DATE OF JUL	4 - 1950
3.	PLACE OF DEATH: JAPAN Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address	ss or II.C.	V- 4	2
EV	OSPITAL OR ISTITUTION IONNS HOPKINS HOSPITAL	C. CITY OR TOWN	If outside corporate limits	, write RURAL and give township
_		D. STREET ADDRESS (I	f rural, give location)	,
c.		os. 1308 E	Capital	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARKHED, WIDOWED, DIVORCED (Sp.	8. DATE OF BIRTH	9./AGE (In years)	Under I Year If Under 24 Hours ths: Days Hours Min.
4	Cemale White M.	10-4-94	55	
lor!	DA. USUAL OCCUPATION (Give kind of during most of working file, even if retired)			12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME // has	14. MOTHER'S MAIDEN	AOC I	
/	Lun M/ Martin	Metho	Tulled	
75	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. 16. SO	17. INFORMANT	AL	DRESS
_/	s, no or valuown) (If yes, give war or dates of service) SECURITY No.	HOMAS	HOPKINS HOSPITAL	
7	18. 602 X , CAUS	SE OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. 0 . 11 .		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ral ensufferery	- anuna.	
	injury or complication which caused death.) DUE TO			
z	ANTECEDENT CAUSES			
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
CA	UNDERLYING CONDITION LAST, (C)		***************************************	=
E	11			
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
Ü	19A. DATE OF OPERATION, 19B. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?
CAL	June 30/50 nesholithasis.	atroph unalcotes	, resourcey Rid	YES W NO
ā	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 216. PLACE OF INJURY (e about home, farm, factory, street, office h	.g., in or 210. WHERE DID	(If in Baltimore City, g	ive exact location)
M	CAUSE OF DEATH			
(21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		TY OCCUR?	
	TO WORK AT WO	DRK	7-4- 105	2
	22. I hereby certify that I attended the deceased from deceased alive on 7-4-, 1950, and that death of		the causes and on th	that I last saw the
	23A. SIGNATURE	23B. ADDRESS	the causes and on the	23c. PATE SIGNED
	John /. Allegharly M.D.		KINS HOSPITAL	7/4/50
TI	AA. BURIAL, OREMA- 248. DATE 242 THAME OF CEM	ETERY OF CREMATORY 240/	OCATION (City, town,	or county) (State)
七	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	25 FUNERAL STREGYOR	suona	ADDRESS
L	OCAL REGISTRADO HEUSTINA SIGNALISTA MILITARIO MARIA	1/1 // (Cha)	mkers of N	who se
	VS 150	11 11 \ 181	Mary Mary	
	A CONTRACTOR OF THE PROPERTY O		/	310



50 5869 5869 BALTIMORE CITY HEALTH DEPARTMENT Registered No .-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF a 112/20 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Viorus B. COUNTY before admission) (If not in hospital or institution, give street (diress or location) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If ryra, give location) D. STREET ADDRESS Mes. ngth of stay in Baltimore Days 5. SEX 6-COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year 8. DATE OF BIRTH 9. AGE (In years WEBOWED, DIVORCED (Specify) last hirthday) Months: Days Hours: Min. dungle 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF workdown during figet of working life, even if retired) INDUSTRY 13, FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION ne 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE ATT

WORK

22. I hereby certify that I attended the deceased from 6-16 deceased alive on 7-3-56, 185, and that death occurred of .. and that death occurred at 3 2

23A. SIGNATURE 24C. NAME OF

DATE RECEIVED B

REGISTRAR'S SIGNATU

21F. HOW DID INJURY OCCUR?

1950 to

(City, town, or county)

m., from the causes and on the date stated above.

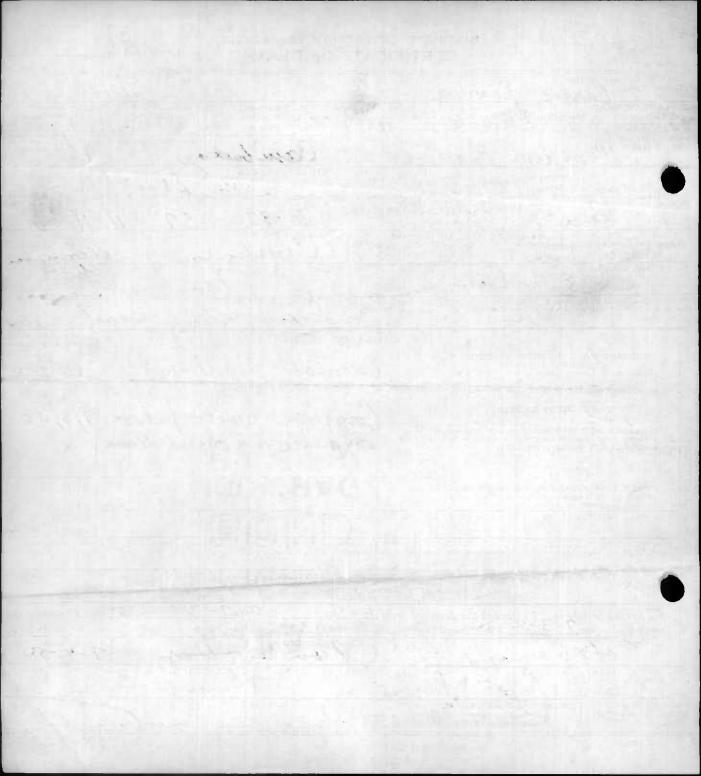
23c. DATE SIGNED

195 that I last saw the

TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR

ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT 5870 Registered No. CERTIFICATE OF DEATH BIRTH NO WANT OF DECEMENT 2. DATE 7 -1-50 OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION-- () Yrs. Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, BIVORCED (Specify) 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours: Min. Hrngle 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Nork doop during post of working life, even if retired) ACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY OWNER ACKING 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from hely 1 2:30 9 1950 to July 3:30 , 1950, that I last saw the 1950 and that death occurred at 330 Cm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c, DATE, SIGNED 8. Egger &

24A. BURIAL, CREMA-TION, REMOVAL Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State)

LORRAINE NTOMBMENT. DATE RECEIVED BY RECHOTRAR'S LIENA 25. FUNERAL DIRECTOR LOCAL REGISTRAR

WINDSOR MILL 1D.

VS 150

July 5th Wednesday.

Speers:

Lawyer.

Fred. Singley Fr.

NOT A MEDICAL EXAMINER'S CASE

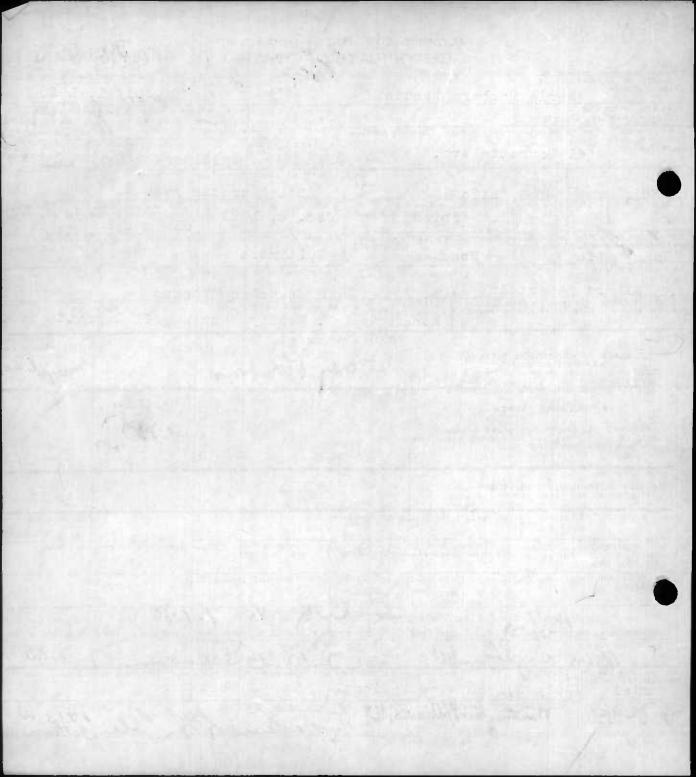
OF SFINE

CHIEF OR ASS'T. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5871

В	IRTH NO.			CERTIFICATI	E OF DEATI	Н	Registered	No	10/1	
	NAME OF D Type or Print)	ECEASED Marie B	arbara	Namuth			of July	7 1, 1	1950	
A.		City, Maryland			4. USUAL RESIDE		re deceased lived. B. COUNTY	If institution	on : residen efore admi	ission
H	FULL NAME OSPITAL OR ISTITUTION	2541 Laure		ion, give street address or location)	c. CITY OR TOWN		tside corporate lin	nits, write I		nd give
C		tay in Baltimore	Life	Yrs. Mos. Days	p. street address 2541 La					
5	F	6.COLOR OR RACE		E, MARRIED, (ED: DI VORCED (Specify)	Dec. 6, 1		AGE (In years last birthday)	Months Da	ys Hours	Min.
10 wor	House V	CUPATION (Give kind of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S Baltimor		gn country)	12. CIT WH	IZEN OF	NTRY
13	Albe	ert Sauerwe	in		14. MOTHER'S MA			1		1
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMET (If yes, give wer or date)	FORCES?	16. SOCIAL SECURITY NO. NONE	Magdal 17. INFORMANT C. Wesley			ADDRESS		ve
IFICATION	(This does heart failur injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. g ns the diseas aused death EES FANY, GIVIN STATING TH	(A) CAN	of DEATH	Pos.		Ons	THEY AND D	. Mos
CERTI	TRIBUTING	II IGNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D		AVE.				
AL	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20 YE	AUTOPS	
1EDICA	21A. ACCIDE LYING OF CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e			n Baltimore City	, give exac	t location))
2	21p. TIME (Month) (Day) (Year)		2 1E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID	INJURY O	CCUR?			
		y certify that I att		deceased from 222 and that death occur	, 101	,	causes and on	, that I the date	last sar	w the
	23A. SIGNAT	Hem D. K	Frank	M. D. 2	7.70 3	Shu	adam		3. T	
TI	Burial Burial	July 5,		New Nationa			ATION (City, tow	n, or count	y) (St	tate)
	POLL BEGIND		SICHATU	Hollians, ME	25. FUNERAL DIRE	ECTOR	01/1)	ADDRE	713 6	N.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Balto. Md. B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or mary HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Yra. (If rural, give location) Mos. igth of stay in Baltimore Davs AGE (In years | Monder | Year | Muder 24 Hours | Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF 9. AGE (in years) married mal 10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired?

Police Truling life, even if retired? INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or unkoowo) (If yes, give war or dates of service) 6. SOCIAL ADDRESS (Yes, oo or unkoowo) SECURITY NO. N. Pulaski Adelaide Gatelv work none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21B. PLACE OF INJURY (e. g., le or

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

210. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

LYING OR CONTRIBUTING

22. I hereby certify that I attended the deceased from.

deceased alive on 1-2-5 519 and that death occurred at 423 Am., from the eauses and on the date stated above. 234 SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24¢. NAME OF CEMETERY OR CREMATORY 248, DATE

6-29-50,19 to 7-2-50, 19 , that I last saw the

21F. HOW DID INJURY OCCUR?

240. LOCATION (City, town, or county) Old Frederick Rd. BaltoMd

RE DID (If in Baltimore City, give exact location)

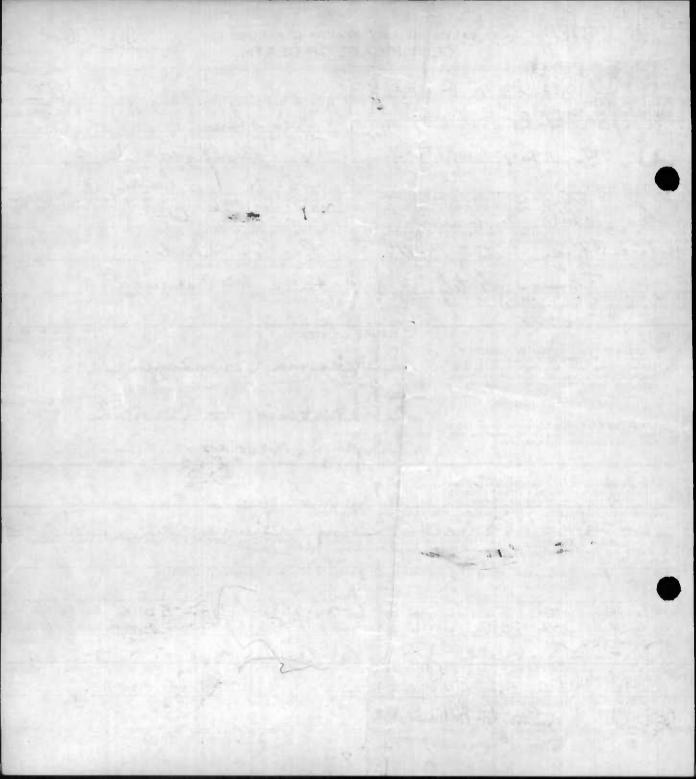
Burial July 5.1950 New Cathedral DATE RECEIVED BY 25. FUNERAL DIRECTOR ton Milliante, Mill

IC. WHERE DID

23c. DATE SIGNED

- Will Library VS 150

ADDRESS

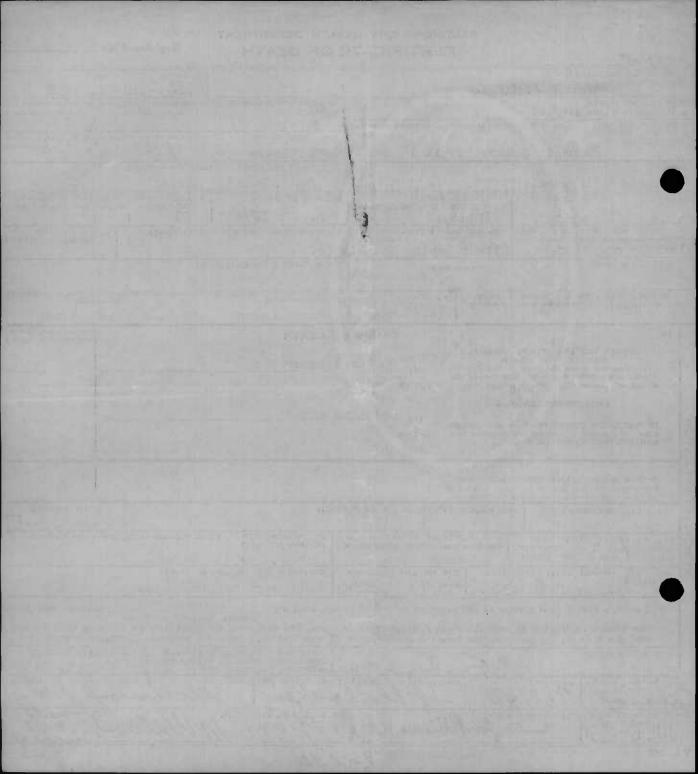


S	50	S	873
BIRT	TH NO		
1. N	AME C	OF DE	CEASED

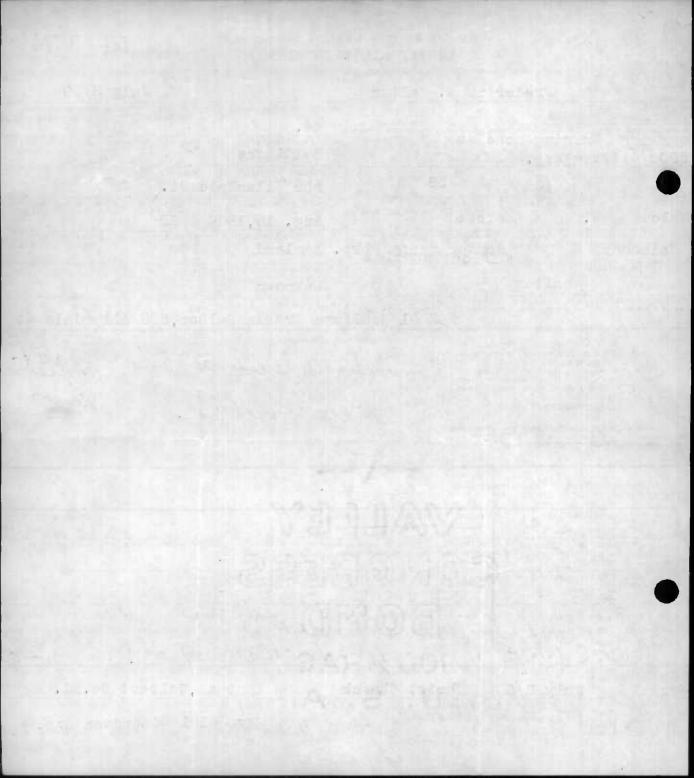
BALTIMORE CITY HEALTH DEPARTMENT

	50	5873
stered	No	-000

B	IRTH NO.			CERTIFICAT	E OF DEAT	Н	Registere	d No	-0,619
1.	NAME OF D						2. DATE		
		PATRICK J.	CONLON				DEATH Ju	ly 4, 1	950
Α.		City, Maryland		*	4. USUAL RESID	DENCE (Wh		. If institution	
	FULL NAME OSPITAL OR	OF "f not in hospi	tal or institu	tion, give street address or location)					
	STITUTION				C. CITT OK TOWN		utside corpornte li	mits, write R	RURAL and give township)
		Franklin Sq	uare Ho		Baltimor	-	1/-	05	,
				Yrs. Mos.	D. STREET ADDR				1 1 10
_C		tay in Baltimore		Days	406 S. P.		Street		
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, NED, DIVORCED (Specify)	8. DATE OF BIRT	'H	9. AGE (In years	Months Day	ys Hours Min.
I	nale	white	wido		Feb. 17, 18	379	71		, s lace and
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR	11. BIRTHPLACE ((State or fore	eign country)		IZEN OF
	evator o		Singer	Sewing Machin	ė Co.			WH.	AT COUNTRY
	FATHER'S			201216 11001121	14. MOTHER'S MA	AIDEN NAM	1E		
1 =	WAS DECEASE	D EVER IN U.S. ARME	D FORCES	16. SOCIAL					
(Ye	a, no or unknown)	(If yos, give war or date	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
_				215-10-6880	James Conl	lon	406 S. Par	rish	treet
		900.01			OF DEATH		To Villa		ERVAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY TH		-7 1				
П	(This does	not mean the mode are, asthenia, etc. It mes	of dying, e.		al hemorrhag	<u>se</u>			*************************
		complication which							
		ANTECEDENT CAU	SES						
				(B) Cerebr	al edema				
6		S OR CONDITIONS, 1 HE ABOVE CAUSE (A)		NG					
F	UNDERLY	ING CONDITION L	AST.	(C)					
C				(0)			***************************************		***********************
CERTIFICATION	OTHER S	II IGNIFICANT COND	ITIONS CO	5.7					
RT	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED					
3		SEASE OR CONDITION		FINDINGS OF OPER	ATION			1.20	. AUTOPSY?
	ISA. DATE O	F OPERATION 1	SB. MAJOR	FINDINGS OF OFER	ATION			1	
AL	Ol. EVTERA	IAL CALLES WAS	1 218 PL	ACE OF INJURY (e. g., i	n or 21c. WHERE	DID (If	in Baltimore City		
MEDICAL	UNDERLYING	NAL CAUSE WAS G D OR CONTRIB-	about home.	farm, factory, street, office bldg.,				, gire exact	100401011)
E		AUSE OF DEATH.		home	406 S. F				
Σ		Month) (Day) (Ycar)		21E. INJURY OCCURR					
K	Ju	ly 4, 1950 4.	30a.m.	WHILE AT WORK NOT WHILE	x Fell down	n cella	r stairs		
	22. I eertij	y that I took char	rge of the	remains described	ibove, held an		ODSY spection or Inqui	there	on and from
	the evi	dence obtained by	said Auto	opsy, Inspection or I	Inquiry, find that	t said deed	eased died on	the day s	stated above,
	23A STGNAT		resuitea j	from: natural eause				23c. DATE	
	ZSAFSIGNA	1 AX	CK	.0.	ASSISTANT M	EDICAL EX	AMINER	T 7	1 3050
24	A BHRIAL C	CREMA- 248 DATE	011 -	24C. NAME OF CENETA	D. MEDICAL INV		CATION (City, to	-	
TA	N REMOVAL (S	pegyy) H/7/	10	TATY	2 4 1/8	270	100		mil
7	usen	1 ///		01100	The series	1	A	07	5 1
	ATE RECEIVED			171:	5. FUNERAL DIR	REGIGR h	11/200	ADDRE	rau,
	JUL 5	1950	rator/	inmanus , Rust	MARY	12.111	· Will	10	terito
V	S 151	C - ".ya	- AMMAN	With the second second	121		10/	001	7
	14.	0 24.0	1-27	16	131		100	u V	1-1-



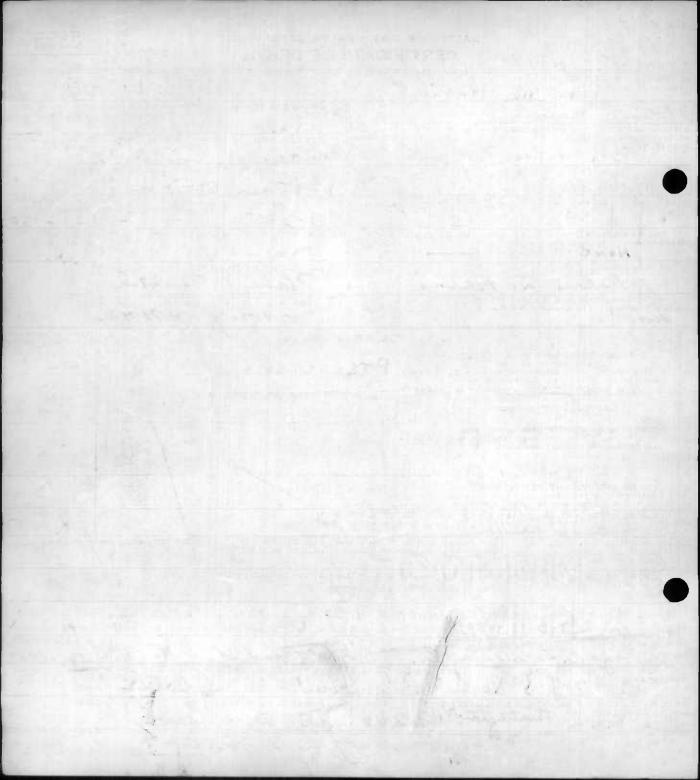
Part December Prederick Dalton 2. Date Doth July 3/50 Death July 3/50 Death Dalton Death Dalton Death Dalton Death Dalton Death		CERTIFICATI	OF DEATH	Registered No	08/4
PLACE OF DEATH Baltimore City, Maryland PLUL NAME OF CHANGE OF CHITCH DESIGN OF CHANGE OF CHAN	BIRTH NO.		2 OF BEATTI		
A. USUAL RESIDENCE (Where deceased lived, if institution, residence Starter of the Maryland Saltimore of the Mursing Home at Docation) A. USUAL RESIDENCE (Where deceased lived, if institution, residence Mursing Home at Docation) Baltimore on Mursing Home at Docation of Mursing Home at Docation Starter Docation (If outside corporate limits, write RURAL and a Baltimore of Mursing Home at Docation) Baltimore of Stay in Baltim	m T) ! !\	W. Dalton		OF Jin Tr	3/50
OSPITITION AVE. ORTHOGORIAL OR NUTSING HOME at bocation Baltimore Baltimore Baltimore State Baltimore Baltimo	. Baltimore City, Maryland		A. STATE	Where deccased lived. If in	stitution : residence before admission
SEX G. COLOR OR RACE 7. SINGLE. MARRIED. 508 Allendale 5t.	13111011011	on, give street address or location)	C. CITY OR TOWN	If outside corporate limits,	write RURAL and give township
G.COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. ACE (in verier 8 liber) Non-the last big index) Months Day Hours Months Day Months Day Hours Months Day Hours Months Day Hours Months Day Da		38 Mos.	N		
OA. USUAL OCCUPATION (Givaluded of Job. KIND OF BUSINESS OR The Control of ording life, even if retired) 3. FATHER'S NAME Dalton 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 6. SO DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 6. SO DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of service) 6. SO DECEASED EVER IN U. S. ARMED FORCES? (If year, give war of dates of year, give war of dates	S. SEX 6. COLOR OR RACE 7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years If II	nder I Year If Under 24 Hours hs Days Hours Min.
14. MOTHER'S NAME Dalton 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 65 OI 0989 Smma Ursula Dalton, 508 Allendale St CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, c. s., heart faint he mode of dying, c. s., heart faint he mode of dying, c. s., heart faint which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DISEASES OR CONDITIONS, FANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 21. ACCIDENT WAS UNDER. LYNGIO OR CONTRIBUTING DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21. ACCIDENT WAS UNDER. LYNGIO OR CONTRIBUTING DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 22. A ACCIDENT WAS UNDER. LYNGIO OR CONTRIBUTING DEATH BUT NOT WAS UNDER. AND ALLE TO THE CONTRIBUTION OR CONTRIBUTION 21B. INJURY OCCUR? WHILE AT WORK AND	Salesman Saute:	r drambuster	11. BIRTHPLACE (State or		2. CITIZEN OF WHAT COUNTRY
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give war or dates of service) 16. SOCIAL TO SECURITY NO DIRECTLY DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or THISUTING OR CONTRIBUTING) ADDRESS OF CONDITION CAUSING IT. 21B. PLACE OF INJURY (e.g., in or CAUSE (A) STATING THE WORK AND WHILE AT WORK AND WHILE AT WORK AND WHILE AT WORK AND WORK AND WHILE AT WORK AND WHILE AT WORK AND WORK AND WORK AND WHILE AT WORK AND W		Pubbites	14. MOTHER'S MAIDEN I	NAME	
OCAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure) ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? 22. I hereby certify that I attended the deceased from July 3 19 %, to July 3 19 %, that I last saw degrased alive on July 3 19 % and that death occurred at 4 P m., from the causes and on the date stated about 23 SIGNATURE 23 DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (CIV. bown, or county) States. A. BURIAL, CREMA 28B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (CIV. bown, or county) States.			Unknown		
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21C. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from July 3, 19 J, to July 3, 19 J, that I last saw deceased alive on July 3, 19 J, and that death occurred at 4 P m., from the causes and on the date stated about 23 SIGNATURE 4A. BURIAL, CREMA-1 24B, DATE 24C. NAME OF CERTERRY OR CREMATORY 24D, LOGATION (City, town, or county) States of the control of the county	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (os, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21C. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from July 3, 19 J, to July 3, 19 J, that I last saw deceased alive on July 3, 19 J, and that death occurred at 4 P m., from the causes and on the date stated about 23 SIGNATURE 4A. BURIAL, CREMA-1 24B, DATE 24C. NAME OF CERTERRY OR CREMATORY 24D, LOGATION (City, town, or county) States of the control of the county		563 01 09891	Imma Ursula Da	lton,508 All	endale St
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) LYING Month (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1NJURY NOT WHILE AT NOT WHILE AT WORK AT WO	LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	E DUE TO	rable Careeron	na Jlevis lines	about about
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22c. I hereby certify that I attended the deceased from July 3 , 19 J, to July 3 , 19 J, that I last saw deceased alive on July 3 , 19 J, and that death occurred at 4P m., from the causes and on the date stated about the stated about	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE	D			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21c. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. Horeby certify that I attended the deceased from July 3 , 19 J, to July 3 , 19 J, that I last saw deceased alive on July 3 , 19 JD, and that death occurred at 4 P m., from the causes and on the date stated about the stated	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		YES NO Z
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from July 3, 192, to July 3, 192, that I last saw deceased alive on July 3, 1950, and that death occurred at 4P m., from the causes and on the date stated about 1923 SIGNATURE 23E. ADDRESS 23E. ADDRESS 23C. DATE SIGN. M. D. 220 HAULION (City, town, or county) (States)	LYING OR CONTRIBUTING about home, for			(If in Baltimore City, give	
deceased alive on July 3, 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and that death occurred at 4P m., from the causes and on the date stated about 1950, and the date stated abo	21D. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE	21F. HOW DID INJUF	RY OCCUR?	
238 SIGNATURE 238. ADDRESS JAN 100 Blv July 5/4. M. D. 2920 JAN 100 Blv July 5/4. 448. BURIAL, CREMA-1 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 1 24D. LOCATION (City, town, or county) / IStat	22. I hereby certify that I attended the	deceased from Jul	43 ,1950, to g	the causes and on the	that I last saw th
44a. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 1 24D. LOCATION (City, town, or county) / IStat	23A SIGNATURE	2	3B. ADDRESS OA	word Blund	23C. DATE SIGNED
Survival Train 5/50 Christ Church Button Calvert Ca Mid	ION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240.		
Burial July 5/50 Christ Church Mutual, Calvert Co.Md. Date RECEIVED BY REGISTRAR'S BIGNOUSE 25 FUNERAL DIRECTOR ADDRESS		BE CHUE G			
111 5-1950 Turtuster Milians, M. Harry N. Wilke 4101 Edmondson Ave.	OCAL REGISTRAR	liame, M. I	rry N. Witte		
VS 150 4906U 46F	VS 150	490	60		76F



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 50-13548 1. NAME OF DECEASED 2. DATE (Type or Print) 1d ARRIS OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTO. SECOURS Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. -3-50 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY NONE USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give wer or dates of service) SOCIAL (Yes, no or unknown) SECURITY NO. Mo. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PITELECTASIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL YES A 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE ! AT WORK WORK 1900 to - 3 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 635 Am., from the causes and on the date stated above. deceased alive on 7 - 3 23B. ADDRESS 23c. DATE SIGNED ZAN. BURIAL PEMA. 24B DATE C. NAME OF CEMETERY OR CREMATORY 24b. LO ATION (City, town, or ADDRESS DATE RECEIVED BY REGISTRAR'S IIII 5 - 1950

VS 150

161a



50 5876 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No_ 1. NAME OF DECEASED 2. DATE (Type or Print) MARIA E. BELL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland So. Balto. Hosp. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Curtis Bav Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Hawkins Point Rd. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 4/8/I896- 1898 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housework Home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No Family - Same 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify, that I attended the deceased from funt 10 1950 to July 2, 190, that I last saw the deceased alive on June 30 1950 and that death occurred at 11 fm., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 1 enning lo hanen 24A. BURIAL, CREMA 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24D LOCATION (City, town, or count) Glen Haven Glen Burnie DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

30.6456 en 1185 A was a few as the same of the same The same than the same of - Voltage

630

50 5077

50 58/	BAI	TIMORE CITY HE		WI ZINI	30 0077
IRTH NO.		CERTIFICATI	E OF DEATH	Registered 1	No
NAME OF DECEASED Type or Print)	toward ?	Holliday	Morth	2. DATE OF DEATH	1/50
. PLACE OF DEATH: . Baltimore City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
FULL NAME OF (If no OSPITAL OR 7709	ot in hospital or institut	ion, give street address or	c. CITY OR TOWN	(If outside corporate limit	ts write RIIRAI and give
STITUTION 3409 Mohawk Wox Park			Balta 28-6 (township)		
	(0)(0-00)(-0)	Yrs.	STATE ADDRE	SS (If rural, give location)	(7)
. Length of stay in Bal		Mos. Days	3909 Moh	zwk ave tornes	it Purk)
Mule Wh		s, MARRIED. VED, DIVORCED (Specify) UNALEL	7/26/1		M Under 1 Year If Under 24 Hours on the Days Hours Min.
OA. USUAL OCCUPATION A done during most of working life, e	(Give kind of 10B. KINE ven if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	2 0	Mill Capter	14. MOTHER'S MAI	DEN NAME	
Vantes	North		Clemente	ne (Unknow	THE }
5. WAS DECEASED EVER IN (If yes, giv	U. S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mellie Nos.	th 3709 Moha	DDRESS US K GUZ
18. 1/22. /		CAUSE	OF DEATH	1	INTERVAL BETWEEN
(This does not mean heart failure, asthenia	NDITION DIRECTLY TO DEATH the mode of dying, e., etc. It means the diseason which caused death	g., (A)	bral agray	elery	1 week
ANTECED	ENT CAUSES	A. Vo.	-1.1.6	1:1/2 1. 1	2 .
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					and the same of th
	11	(C)			
TRIBUTING TO THE D	NT CONDITIONS CO	ŁD .			
19A. DATE OF OPERAT	CONDITION CAUSING	FINDINGS OF OPER	ATION		20. AUTOPSY?
					YES NO
21A. ACCIDENT. SUICI HOMICIDE (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg.,			give exact location)
D. TIME (Month) (I	Oay) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
INJURY	m.	WHILE AT NOT WHILE			
22. I hereby certify	that I attended the	deceased from Ju	e 24 , 1957	? to guly , 195	that I last saw th
deceased alive on	re 26, 1950.	and that death occur		from the causes and on t	
Men A . SIGNATURE	tainhers	M. D. 2	VION LL'OX	on &t.	23c DATE SIGNED
ION REMOVAL (Specify)	B. DATE	24C. NAME OF CEMETE	RY OR GREMATORY	24D. LOCATION (City, town	(State)
ATE RECEIVED BY I RE	GISTRAR'S SIGNATU	10.8821	25. FUNERAL DIRE	CTOR	ADDRESS
194L 5EG11958	Huntington	Miliane, M.R.	45M Bok In	c 1217 St Par	e st.

A STATE OF THE PROPERTY OF THE PARTY OF THE

ok Inc 1217 St. Paul

4 6 be OKed By Medical Examiner BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. rth of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 19A. USUAL. OCCUPATION (Give kind of ork done during most of working life, even if retired) 108, KIND OF BUSINESS OR BIRTHPLAGE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY nsimpe 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY HORTIC HNEURYSM, Kupture a LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PRTERIOSCIETOSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION LEFT 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give-exact location) LYING OR CONTRIBUTING CAUSE OF DEATH REP 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE FELL ON GURB WORK 22. I hereby certify that I attended the deceased from 4 - 1/-, 195Qto 7 - 4 -, 19.5 Ahat I last saw the deceased alive on 7 - 4 -, 195O, and that death occurred at 4 - 1/- m., from the causes and on the date stated above. 238. ADDRESSINIS HOPKINS HUSPITAL 23 KISIGNATURE 3CADATE SIGNED REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or couply) RECEIVED REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150 Fil Brandeno THE PROPERTY OF THE PROPERTY O

This is not a Medical Examiners Case as the fracture did not contribute to the death.

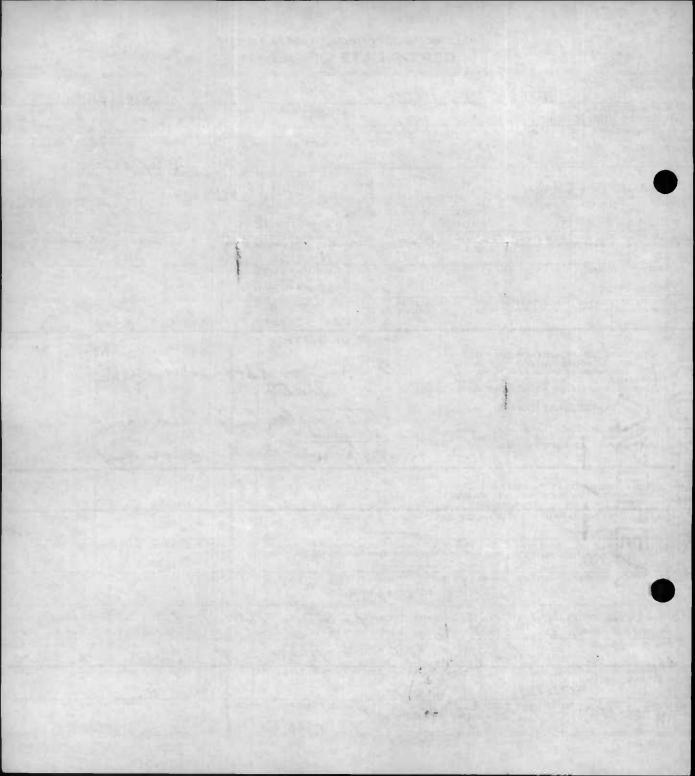
Track and an expert and an experience of the state of

R8Fisher 0

325

50	5879	DAI	CEDEUCA T	ALIH DEPARTMEN	Douleton	0879	
BIRTH NO.			CERTIFICAT	E OF DEATH	Registere	d No.	
1. NAME OF DE	CEASED				2. DATE		
(Type or Print)	LILLIE	FRANCI	ES ADKINS		OF DEATHJ111V	1. 1950	
3. PLACE OF DE A. Baltimore C	EATH: lity, Maryland670			4. USUAL RESIDENCE A. STATE	(Where deceased lived,	If institution : residence before admission	
B. FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Marylan		mits, write RURAL and giv	
INSTITUTION				Baltimor	(I) (I)	township	
		1 3 1	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)		
	ay in Baltimore	7 FINGL	Days Days	6701 Robe:			
Female	White	WIDOW	ED, DIVORCED (Specify)	June 15, 1884	9. AGE (In years last birthday)	Months Days Hours Min.	
IOA. USUAL OCC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF	
At home	(wnrking life, even if retired)		INDUSTRY	Virginia		WHAT COUNTRY	
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	1	
Platz Pri				Don't know			
15. WAS DECEASED	D EVER IN U. S. ARMED (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No				Mrs. Bessie Bas	skette 6701 R	oberts Ave.	
18. 42	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASI	E OR CONDITION	DIRECTLY			•	ONSET AND DEATH	
(This does	not mean the mode of	TH f.dving.e.e	. Chro	u min	wheel des		
heart failur	e, asthenia, etc. It mean complication which c	ns the diseas	e.	en-tite		4-	
	ANTECEDENT CAUS			Lough	/		
			(B) Orla	moselerotic	rardia va		
O DISEASES	OR CONDITIONS, IF	STATING TH	IG DUE TO des	casi			
DISEASES RISE TO TH UNDERLYI	ING CONDITION LA	ST.		moselerose	- 00-000 k	2	
			0000			791	
OTHER SI	GNIFICANT CONDI	TIONS CON					
TRIBUTING	TO THE DEATH, BUT						
			FINDINGS OF OPER	ATION		20. AUTOPSY?	
<u> </u>						YES NO	
LYING OR	CONTRIBUTING		CE OF INJUPY (e. g., in arm, factory, street, nffice hldg., e		(If in Baltimore City	, give exact location)	
210. TIME ()	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	D 21F. HOW DID INJU	JRY OCCUR?		
NJURY		m,	WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from 4-22, 1946 7-1, 1957, that I last saw th							
deceased ali			and that death occur			the date stated above	
23A. SIGNAT	URE	1/1		3B. ADDRESS	+	23c. DATE SIGNED	
24A. BURIAL, CI	REMA- 248, DATE	m /	M. D.	1471 con	ar	7-7-50	
TION, REMOVAL (Sp	pecify)	/		RY OR CREMATORY 240	LOCATION (City, tov	vn, or county) (State)	
Burial DATE RECEIVED	1/7/5/50	C CICA A TI	Qak-Lawn.		Colgate, Md.		
LOGAL REGISTS	REGISTRAR'S		Milliams, M.B	25. FUNERAL DIRECTO	K	ADDRESS	
JOLO				Ullrich Funeral	L Home 2008 0:	rleans St.	

C. Sportfaller



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

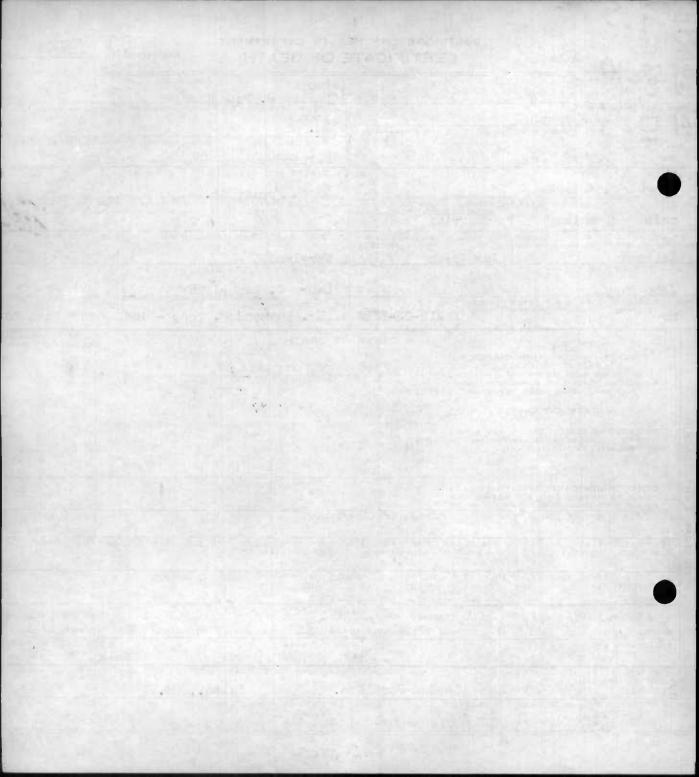
Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE OF July 2, 1950 WILLIAM RAYMOND BACKMAN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) US Marine Hospital c. CITY OR TOWN (If outside corporate limits, write RURAL and give Wyman Pk. Drive & 31st St. Baltimore (Essex D. STREET ADDRESS (If rural, give location) Mos. Middleboro Rd. gth of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | It Under 1 Year | It Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 12/30/08 Married 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 5. Maryland Truck driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME widow states name should be Rosler Jessie Roesell George Backman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 214-24-3913 Records- US Marine Hospital, Balto, Md. WW 2 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic glomerulonephritis 10 vrs. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Uremia (clinical) 1 mo. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Pneumonia, left lung terminal OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from June 5 , 1950, to July 2 , 1950, that I last saw the 1950, and that death occurred at 7:17Pm., from the causes and on the date stated above, deceased alive on July 2 23B. ADDRESS 23A. SIGNATURE 23c., DATE SIGNED John L. Wilson, Medical US Marine Hospital, Balto, Md. Director 24A. BURIAL, CREMAC TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial 7/6/50 Meadowridge Mem. Pk. Howard Co. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS CAL REGISTEA licknes

VS 150

The last of the state of the st

THE REPORT OF THE PARTY OF THE

1	00						
ВІ	50 RTH NO.	5881			EALTH DEPARTMENT E OF DEATH	Registered No.	5881
1. (T	NAME OF ype or Print	DECEASED Cha	rles	1 Popp.	(also (Charles H. Popp)	2. DATE OF DEATH	3-50
A.		City, Maryland		1/	4. USUAL RESIDENCE (W		stitution: residence before admission)
H	FULL NAM OSPITAL OF ISTITUTION	^	ital or instituti	ion, give street address or location)		outside corporate limits,	write RURAL and give township)
c.		stay in Baltimore	(Yrs. Mos. Days	D. STREET ADDRESS (If a 75 S. Morley St.		
	male	6.COLOR OR RAC	WIDOW	E. MARRIED. ED. DIVORCED (Specify) ried	8. DATE OF BIRTH 12-6-87		der I Year hs Days Hours Min.
10 vork	A. USUAL Conceduring mo	CCUPATION (Give kind stof working life, even if retire	Ice C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	1 100 0	(11)	14. MOTHER'S MAIDEN NA		
(Ye	John Po WAS DECEA BOOT DERBOW NO	SED EVER IN U.S. ARM (If yes, give wer or de	ED FORCES? tes of service)	16. SOCIAL 219-03-12359	Laura C. Lambri 17. INFORMANT Mr. Raymond H.	ADD	PRESS Mount View Rd
ERTIFICATION	(This de heart fa injury de DISEAS	ASE OR CONDITION LEADING TO DE ses not mean the mode ilure, asthenia, etc. It m or complication which ANTECEDENT CAI SES OR CONDITIONS THE ABOVE CAUSE (A LYING CONDITION	ATH of dying, e. geans the diseas caused death JSES IF ANY, GIVIN) STATING TH	E, (A)	bursselvosi.		ONSET AND DEATH
CERTI	TRIBUTI	II SIGNIFICANT CON NG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATE	V-			
1				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCII HOMICIDE	DENT. SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
Σ	21p. TIME NJUR	(Month) (Day) (Year		NHILE AT NOT WHILE WORK AT WORK		OCCUR?	
		alive on 3 UML		deceased from A		he causes and on the	that I last saw the date stated above. 23c. DATE SIGNED
24 TIC	A. BURIAL DN. REMOVAL Burial	CREMA- 24B. DATE (Specify) 7/7/50	/)	M.D. 24c. NAME OF CEMETE Loudon Park Ce		OCATION (City, town, or	7-4-50
D/ LC	ATE RECEIVED TO THE SECOND SEC	ED BY REGISTRA	R'S SIGNATU		25. FUNERAL DIRECTOR	clever VI	DORESS Kall.
	VS 150	1, 7	S	of g	041	13	31a-111h



5882 BIRTH NO.

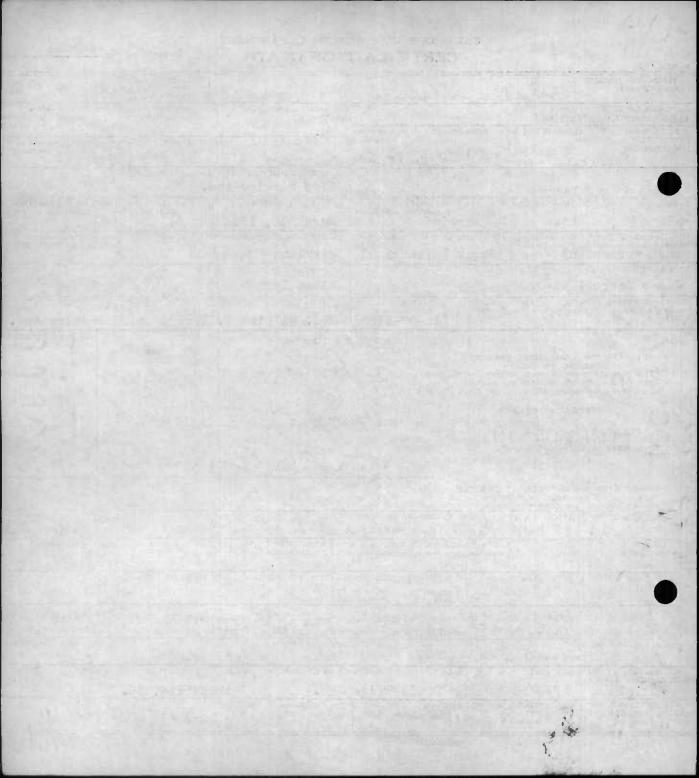
William

1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE OF DEATH

		The state of the s				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	nstitution : residence before admission)			
H	FULL NAME OF (If not in hospital or institution, give street address location) SPITAL OR location		write RURAL and give			
IIV	Sincia Hospital of Baltimo	Baltimore 27-19	township)			
Ī	Yrs	D. STREET ADDRESS (If rural, give location)	NEISTON OF			
c.	gth of stay in Baltimore					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (ln years 11 U last birthday) Mont	inder 1 Year I Under 24 Hours ths: Days Hours: Min.			
m	ale white married	March 10, 1888 62 61	Days Hours Min.			
l C	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	cost accountant Sugar Refinery	Maryland	WHAT COUNTRY			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	James Carroll Alvey	Eliza Lyon				
15	s. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADI	DRESS			
	(If yes, give war or detect of service) SECURITY NO 212-09-5759		Berklev Ave.			
	18. ITUV CAUSE	E OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
	LEADING TO DEATH	ulmonary edema				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
,	ANTECEDENT CAUSES Areumalic Heart Disquee					
2	DISEASES OR CONDITIONS, IF ANY, GIVING	The state of the s	•			
2	UNDERLYING CONDITION LAST.					
_	Me	itastalie las comoma				
	II					
1	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
)	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	FRATION	20. AUTOPSY?			
1	June 27 1960 Recto Scammed		YES X NO			
ز	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. 8	., in or 21c. WHERE DID (If in Baltimore City, gi				
ו	HOMICIDE (Specify) about home, farm, factory, street, office hid	g.,etc.) INJURY OCCUR?				
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?				
	NJURY MILE AT NOT WHI MORK AT WORK					
	22. I hereby certify that I attended the deceased from		that I last saw the			
	deceased alive on July 4, 1950, and that death occ	curred at 9:50 h.m., from the causes and on the	date stated above			
	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED			
	Elmer S. Berngarl M.D.	Sonai Hosp.	7/4/50			
24	AA. BURIAL, CREMA- 24B. DATE SAC. NAME OF CEME	TERY OR CREMATORY 240. LOCATION (City, town, o	or county) (State)			
	Burial 7/6/50 Druid Ridg	e Cem. Pikesville, Md.	0			
D.	ATE RECEIVED BY REGISTRAR'S, SIGNATURE	25 FUNERAL DIRECTOR	- RALLO,			
	VS 150		11111			
	01	1047 41	()			



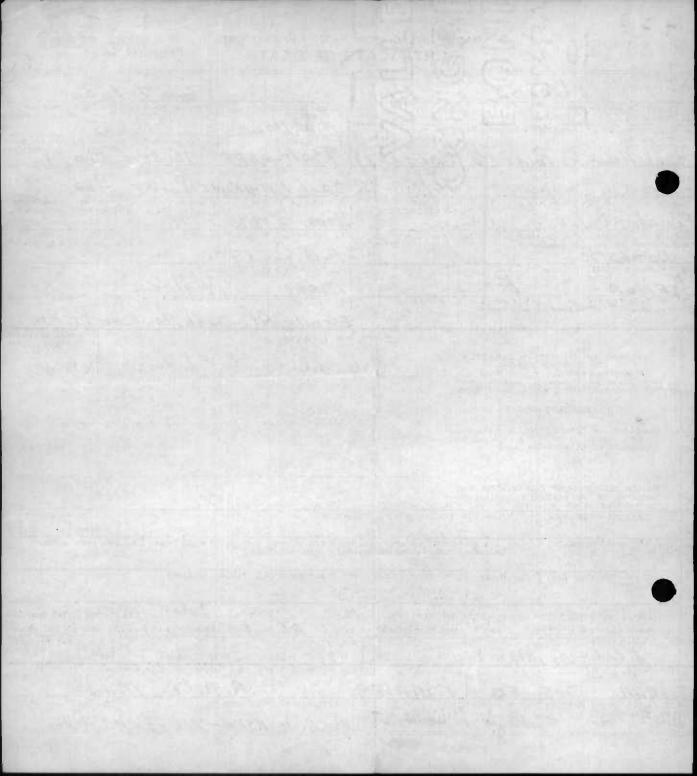
400

BALTIMORE CITY HEALTH DEPARTMENT

50 5882

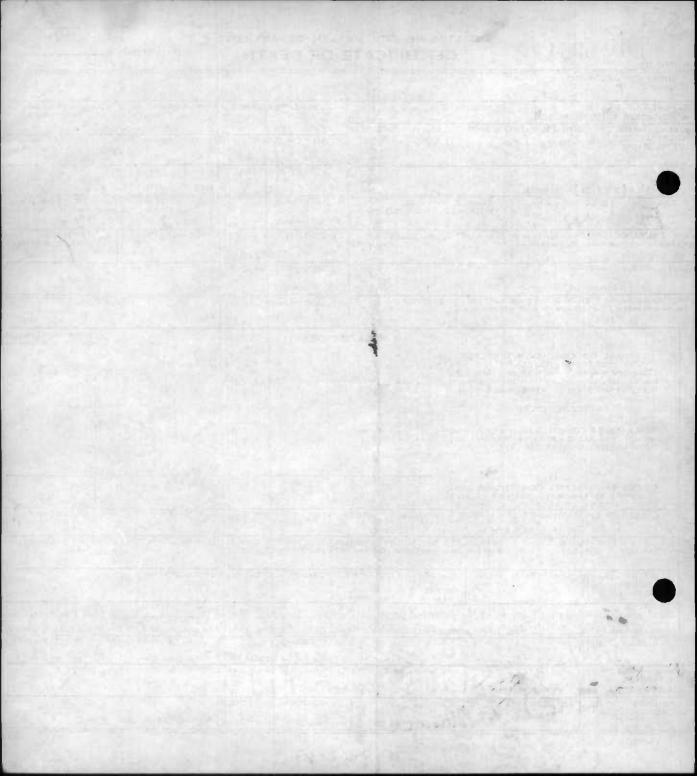
31R7	50 rh no.	5883		CERTIFICA	TE OF	DEAT	Н	Registered	l No	9800	_
. N	AME OF DE	ECEASEDLOU	ISA	H111	,			2. DATE OF DEATH 7-	-/-	50.	
A. B		EATH: City, Maryland			A. ST	ATE /	ENCE (Whe		If insti	tution: residence before admission	on)
NST	JLL NAME PITAL OR	,, D	Total or institut	ion, give street address location		2-1-		11	7	ite RURAL and g	
	106 HA	WHIM'S TOIL	07 / SO. (Yr.	9.	REET ADDRE		al, give location)	Z)	
5. S		tay in Baltimore	E 7. SINGLE	MARRIED.	8. DA	TE OF BIRTH	WHINS	. AGE (In years)	If Under	1 Year If Under 24 Ho	DW3
E	MALE	COLORED	WIDO		SEP	T. 13.18		76		Days Hours M	in.
OA.	USUAL OCC pneduring most of DomES	CUPATION (Give kind of working life, even if retire STIC	of 10B, KIND	O OF BUSINESS OR INDUST		A. Co.,	Mo.	gn country)		CITIZEN OF WHAT COUNTS	? Y
1	ENO A	IAME	Pirra		14. M	OTHER'S MA	IDEN NAM	SAIKER			
5. 1		D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO	17. IN	FORMANT	1:-32	16 HAWK	ADDR	Pr. Rp.	
	OISEASE:	SE OR CONDITION LEADING TO DE not mean the mod re, asthenia, etc. It n complication which ANTECEDENT CA SOR CONDITIONS HE ABOVE CAUSE (VING CONDITION	EATH of dying, e. g eans the diseas caused death USES , IF ANY, GIVIN A) STATING TI	(B)	terios	clentie	C. Y.	diseuse		ONSET AND DEA	
	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU	T NOT RELATE	ŁD.							
1		F OPERATION		FINDINGS OF OF	PERATION		H-M			20. AUTOPSY	?
	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, fuctory, atreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT AT WORK						CCUR?					
1	22. I hereb deceased al	y certify that I dive on June 33	ttended the	deceased fromand that death oc	Saw curred at	5/m.	1.			nat I last saw ate stated abo	
1	23A. SIGNAT	ney R. Je	Ment	M. D.	238. AD	DRESS		aut	0	uly 3, 1950)
24A 110N 73	BURIAL, C., REMOVAL (S	pecify)	50	MARIE!	/	CREMATORY	A. A.	Co.,	no.		e)
DAT	E RECEIVE	BY REGISTRA	R'S SIGNATI	Villiana M.R.	25. F	UNERAL DIR		CIP	AD	DRESS	

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	ERTIFICATI	E OF DEATH	Registered 2	.10	
I. NAME OF DECEASED (Type or Print)			2. DATE		
STELLA MANNAH D	AMBERGER		DEATH JULY	1 3, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution,			BALTIM		
INSTITUTION THE UNION MEMORIAL HO	SPITAL location)	c, CITY OR TOWN (If	outside corporate limi	ts, write RURAL and give township)	
124 (I		BALTIMORE		X-0/	
	Yrs.	D. STREET ADDRESS (If	rural, give location)		
c. Igth of stay in Baltimore	7 Days	MARLBOROUGH A			
5. SEX 6. COLOR OR RACE 7. SINGLE, M. WIDOWED	IARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths Days Hours Min.	
r. W		TUNE 21, 1878	72	13	
IOA. USUAL OCCUPATION (Givekind of 10B. KIND Of work dooe during most of working life, even if retired)	BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
&CHOC' TEACHER		MARYLAND		U. S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
ANSEL BAMBERGER		HANNAH EILA	10		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ookoown) (If yes, give war ur dates of service)	SECURITY NO.	17. INFORMANT		DDRESS	
	32001111 110.	MRS. MILTON HIRSI	YBENG 2.	BALTO. 17, MD.	
18. / 7 . /	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, PIFFUSE METASTASES					
heart failure, asthenia, etc. It means the disease,	USE METASTASES				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		*****************************		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO				
声 II	(C)	SIVE CARDIOVASCULAR	DISEASE	0 > 00	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		HEMIPLEGIA		2 y Rs.	
TO THE DISEASE OR CONDITION CAUSING IT.	NDINGS OF OPER	PATION 1. CARCINDMA. R	IGHT BREAST	1 DAY	
19A. DATE OF OPERATION 912 19B. MAJOR FI APRIL 1948 JULY, 1448; OCT., 1949; JAN., S. 3, 4+57 - EXCISI	LEFT BREAST ,	E AXILLARY METASTI	7365	YES NO	
21A. ACCIDENT, SUICIDE. 21B. PLACE	OF INJURY (e. g., in	n or 21c. WHERE DID (1	f in Baltimore City,		
HOMICIDE (Specify) about home, farm,	factory, street, office bldg., e	tc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?		
NJURY	E AT NOT WHILE				
	RK L AT WORK L				
22. I hereby certify that I attended the dec					
deceased alive on July 3, 1950, and	l that death occur	red at 100 Am., from the	re causes and on t	he date stated above.	
23A. SIGNATURE S. Nelson	2	Baltimore 18	comment Harque	23C. DATE SIGNED	
			OCATION (City, town		
TION, REMOVAL (Specify)	14 Solahora	MATEUR CENT BALL		0	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	C VWI INV	25. FUNERAL DIRECTOR	0.,	ADDRESS	
LOCAL REGISTRAR	·		ME SOW/912- 00		
	alle, M.	DAVID PSONDHEI	16 00-1702-100	EUTAN PLACE	
VS 150	MANAGERY -			-	
	093	38V		20	



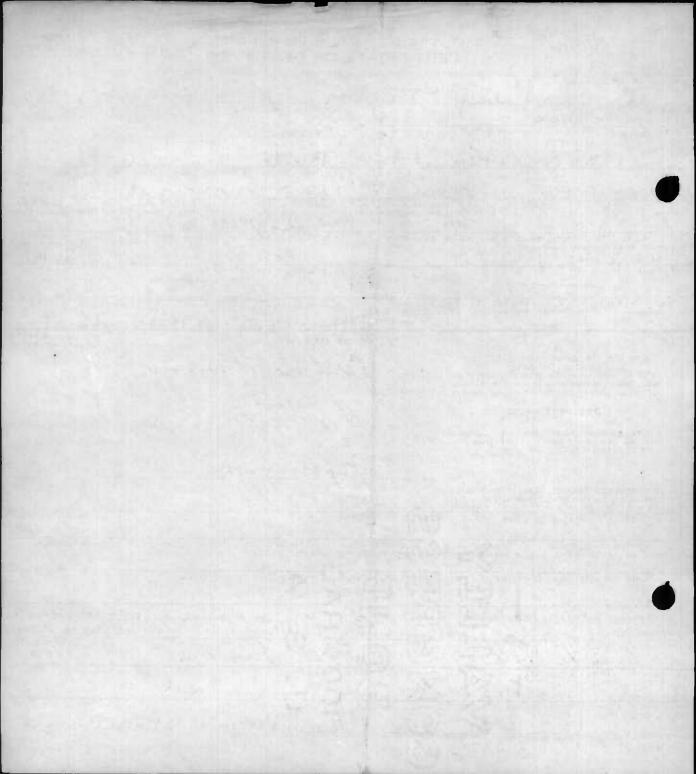
BALTIMORE CITY HEALTH DEPARTMENT 5885 Registered ! CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CATHERINE DUTTON July 3 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1605 McKean Avenue th of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female Colored Dec. 12.1917 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired)
Waitress INDUSTRY WHAT COUNTRY? Tavern Balto. Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Giles Wiliams Fannie Huneter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or deleg of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Leon Dutton 1605 McKean Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) CREMA-7/5/50Burial Arbutus Memorial Pk, Inc. Balto. Md. DATE RECEIVED BY REGISTRAR'S SUCNIATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Geo. G. Kelson 1303 Presstmen St. V S 151 7846M

4 4 4

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

131a

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township! Yrs. D. STREET ADDRESS (If rural, give location, Mos. 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) th of stay in Baltimore 5. SEX 6. COLOR DR RACE H Under 1 Yeer 8. DATE OF BIRTH AGE (In years) last birthday) Months; Days Hours: Min. march 20/888 62 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO yhochrono UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from ______ 1950, to July , 1957 that I last saw the 19 5 and that death occurred at V: 5) 1.m., from the causes and on the date stated above. deccased alive on_ 23B. ADDRESS 23C DATE SIGNED 23A. SIGNATURE 24A: BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE Sura ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Son 1303 Presst ·一个人的人的人,这种人们是一个人的人的人们的人们,



50 5887 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF July 2, 1950 HOWARD NULL CRUMBACKER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 612 Venable Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 612 Venable Avenue gth of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Married Nov. 9, 1885 10a, USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? District of Columbia G & E Co. BINTENANCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William D. Crumbacker Ellen Elle Null 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) KOPKEKK. ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. 1 certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{M} \), accident \(\mathbb{M} \), suicide \(\mathbb{M} \), homicide \(\mathbb{M} \), undetermined \(\mathbb{M} \). 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. LOCAL REGISTRAL V S 151

50 5888 EIRTH NO.

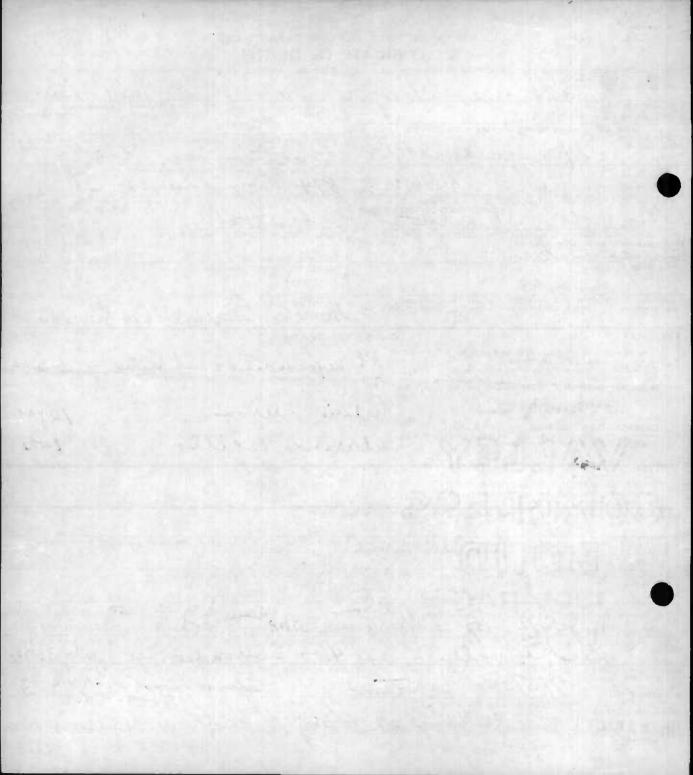
BALTIMORE CITY HEALTH DEPARTMENT

50 5888

30 3000	CERTIFICAT	E OF DEATH	Registered No	0000
BIRTH NO.	CERTIFICAT	E OF DEATH	registered ivo	
NAME OF DECEASED Type or Print)	Gaiage	s Sre.	2. DATE OF DEATH July	2/50.
B. PLACE OF DEATH: Baltimore City, Maryland	serge	4. USUAL RESIDENCE (stitution: residence before admission)
HOSPITAL OR	itution, give street address or location)		f outside corporate limits,	write RURAL and give
NSTITUTION 8/4 Regnal	hurst / T	Baltim	ore 16-	08 township)
gth of stay in Baltimore	66 ys Mos. Days	011/7	Lhurst	St.
	GLE, MARFIED, OWED, DIVORCED (Specify)	July 27, 1861	9. AGE (In years Mur last birthday) Mont	ths Days Hours Min.
k done during most of working life, even it retired)	IND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		Elmany		
Deiger		14. MOTHER'S MAIDEN N	AME	
5. WAS DECEASED EVER IN 0, S. ARMED FORCES on, no or unknown) (If yes, give wer or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT 4	ADI	PRESS A
		Mr. Seo. Seig	er. Jr. 814 h	emalaced
18. 442X	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECT		S	01	1
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused de-	sease,	my ocardely 8	supports	6 W.F.
ANTECEDENT CAUSES		0		
DISEASES OR CONDITIONS, IF ANY, G		vis - o derosis		10 yrs.
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO	erative Coli	Tis	zwk.
11				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
	PLACE OF INJURY (e.g.,		If in Baltimore City, giv	YES NO Ve exact location)
LYING OR CONTRIBUTING about he CAUSE OF DEATH	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m	WHILE AT NOT WHILE			
22. I hereby certify that I attended t	he deceased from	1950, to		that I last saw the
deceased alive on the 2, 19.5		rred at S: 10 P.m., from t	he Capises and on the	
23A. SIGNATURE	00	4100 Elmon	deon ac	July 3, 1950
AA. BURIAL, CREMA- 248. DATE		ERY OR CREMATORY 240. L		
Burial 1/3/50.	Western		ondson Clus.	200
OCAL REGISTRAR	ATURE	25 FUNERAL DIRECTOR	the week	ADDRESS
THE RESIDENCE OF THE PARTY OF T	C WANTED AND ADDRESS OF THE PARTY OF THE PAR	7735 1 1/11	- 10 11 11 10 1 1	17 000 FM -10 -

The state of the s

131a au



BALTIMORE CITY HEALTH DEPARTMENT 5889 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Otts HUGHES (Type or Print) June 30. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Provident Hospital p. STREET ADDRESS (If rural, give location) Yrs. Mos. igth of stay in Baltimore Days Mosher St 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. August 1 10A. USUAL OCCUPATION (Give kind of l 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hughes Fannie Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) SECURITY NO Fannie Hughes, 629 Mosher St. 10. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Luetic cardiovascular disease with heart failure, asthenia, etc. It means the disease, ourxo terminal cardiac failure injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy--thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE COCATION Keity town, or county CREMA-REMOVAL (Specify) RECEIVED BY L REGISTRAR 1950

V S 151

PEARSON DED AND TA GT BRINGERS, PART NO.

Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ADA DARNEY July 2. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1711 W. Lexington Street ngth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) Female Colored married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? vuseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, op or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRES SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Fracture of skull with cerebral heart failure, asthenia, etc. It means the disease, contusions injury or complication which caused death.) XXXXXXXXX ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

Daughter's Home

21c. WHERE DID 218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR7

21s. INJURY OCCURRED

1611 W. Lexington Street 21f. HOW DID INJURY OCCUR? Slipped & fell down back steps

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes \Box , accident K, suicide \Box , homicide \Box , undetermined \Box . 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

MD 24A. BURIAL. OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) TION REMOVAL (Specify)

LOCAL REGISTRY

ADDRESS

20. AUTOPSY

YES X

(If in Baltimore City, give exact location)

DATE RECEIVED BY

V S 151

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS

of Injury 27, 1950

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour)

was the Table of the Marine where

1:50 P.m.

B	00 0001	E OF DEATH Registered No.	5891
1. (T	NAME OF DECEASED. Sype or Print) Estelle Manshall PLACE OF DEATH: Baltimore City, Maryland	2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If in	-1950 istitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION 2 A FRANK AVE Yrs.		write RURAL and give township)
1	gth of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years HU) 4 CD. 22,1893 67	nder 1 Year ff Under 24 Hours ths: Days Hours Min.
1C or	DA. USUAL OCCUPATION (Give kind of doe during most of working life one of retired) 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME	2. CITIZEN OF WHAT COUNTRY?
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a. no or onknown) (If yes, give war or dates of service) SECURITY NO.	Harry Johnson Penns	DRESS 2036 L. AVE
i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ulud Henorbogs	ONSET AND OFATH
ATTOM	ANTECEDENT CAUSES (B)	ypertersin	
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.		
DECAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location)
IAI	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR NJURY DI. WHILE AT NOT WHILE AT WORK		7.
	deceased glive on , 19 50, and that death occur	rred at 10:30, to July 1, 1957, rred at 10:30 from the causes and on the causes are all the causes are an area of the causes are a cause of the causes are a cause of the cause of t	that I last saw the date stated above.
TI	AA. BURIAL, CREMA- ON REMOVAL (Specify) Company of the second of the se	timal Balton	ADDRESS (State)
0	VS 150	Vis Kata P William 399 91	Elisardy L.F.

2 F1=1950 Between Mansagel, WIND THE WON'T DAYS. BELLEVILLE SURTHING WERE Emaile Cop. Marchen Tepoulter CT TO A CO. M. ___GA_wadalah WENTER IN THE NATIONAL STREET waiters & comment Some K. contract the way to the transfer of the Bucab July 3 1951 Balto, met make Pallo 1-1 A STATE OF THE STA

Registered No. 5892 BALTIMORE CITY HEALTH DEPARTMENT 5892 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) of July 4, 1950 Sewell Agnes 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1119 Parrish St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 1119 Parrish St. Days 6. COLOR OR RACE 7. SINCLE, MARRITED. 9. AGE (In years) if Under 1 Year WIDOWED, DIVORGED (Specify) last hirthday) Months: Days Hours: Min. indured 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME awara 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 16. SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Diseas (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I certify that I took charge of the remains described above, held an Inspection & INQ. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIENATURE 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR (State) 24A. BURIAL, CREMA 24D. LOCATION (City, town, or county) TION BEMOVAL (Specify DATE RECEIVED BY LOCAL REGISTRAR

151

50 - 5893BALTIMORE CITY HEALTH DEPARTMENT 5893 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased fived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION township) JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos th of stay in Baltimore AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) 11-20-10 hicale 104 USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork some during most of working life, even if retired) INDUSTRY WHAT SOUNTRY Jookbunder smonercal lennersee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, wo or unknown) (If yes, give war nr dates of service) SECURITY NO. JOHRS HOPKIRS HOSPITHI INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY raleubolus, left LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ic Heart Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. French OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT WORK - y - 19 Shat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 7-4-19 50 and that death occurred at 2 m. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRE 3c. DATE SIGNED 24A. BURIAL CREMA 24B. DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) daylor ave une DATE RECEIVED BY REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

Letter in document file 50-5893-7/13/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY (Defore admission) A. STATE B. FULL NAME OF of f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rurai, give location) Mos. terway gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year (9. AGE (In years If Under 24 Hours last birthday) | Months: Days Hours! Min. single 3 IOA. USUAL OCCUPATION (GivekIndof) 11. BIRTHPLACE (State or foreign country) TOB. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carino exabeth 15. WAS DECEASED EVER IN O. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 904.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Probably 21D. TIME (Month) (Day) (Year) (Hour) OCCURRED 21F. HOW DID INJURY OCCUR? 21E. INJURY NJURY Rushally fell or wastling WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined Ⅲ. 238, CHIEF MEDICAL EXAMINER 1 23c, DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Jurial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/ FUNERAL DIRECTOR LOCAL REGISTRAR V S 151 0

Probable, in Spring Grove Hospt. (Mother)

R-45 2 5895 BALTIMORE CITY HEALTH DEPARTMENT Registered No.___ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location) (If outside corporate limits, write KURAL and give Yrs. (If rwall, give location) Muy or a gth of stay in Baltimore 7. SINGLE, MARRIED 9. AGE (In years last birth lay) It Under I Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF st of wonling life, even if retired) WHAT COUNTRY? 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2406 ROSINW NTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in or

HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) NJURY NOT WHILE WHILE AT

AT WORK

22. I hereby certify Plat I attended the deceased from. deceased alive on 19.5 Q and that death occurred at

23A. SIGNATURE 24A BURIAL, CREMA-

DATE RECEIVED BY

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

3019

21F. HOW DID INJURY OCCUR?

Im., from the causes and on the date stated above.

23C. DATE SIGNED

_. that I last saw the

(If in Baltimore City, give exact location)

DDRESS

Alement many

D-436 50 589

VS 150

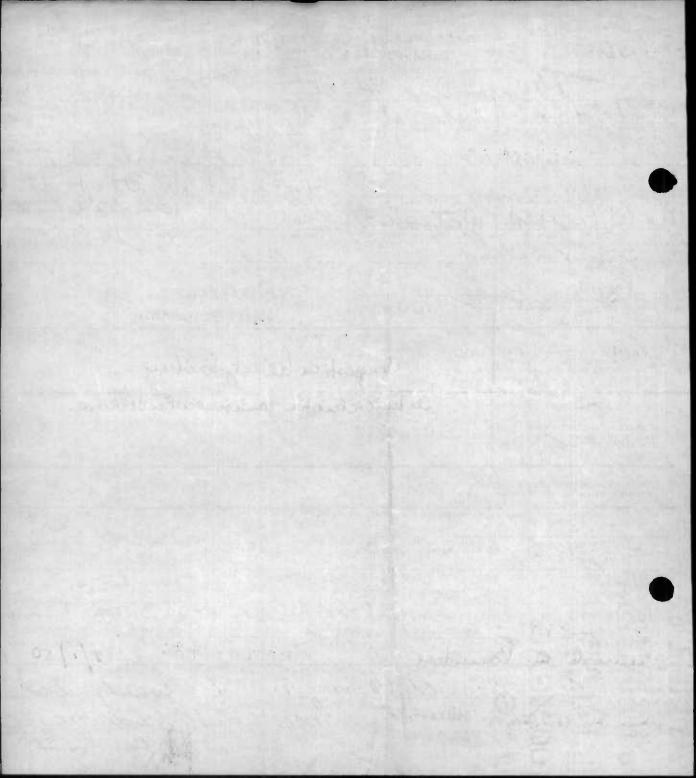
BALTIMORE CITY HEALTH DEPARTMENT

Tourden

59 5896

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH (4. USUAL RESIDENCE (Where deceased lived. If in titution : residence 3. PLACE OF DEATH: Baltimore A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOV _(If outside corporate limits, write RURAL and give township) TREET ADDRESS (If rural, give location) Life Mos. orth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) 5. SEX If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 105-KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 200.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 6 - 7 2 19__, to 5 -35 9 19__, that I last saw the and that death occurred at ? deceased alive on 7 7 3 -3 99 m., from the causes and on the date stated above. 23A. SIGNATURE 24A BURIAL CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 7-6-50 Moreland Memorial Park Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

11121	5897	BALI	TIMORE CITY HE	ALTH DEPARTMENT	50.	5897
F-430			CERTIFICATI	E OF DEATH	Registered N	Vo
NAME OF DEC	CEASED DEN	rian	in H.	let	OF DEATH	u 30/950
Baltimore Ci	ty, Maryland	Me	d. pola	4. USUAL RESIDENCE (V	Vhere deceased lived, If B. COUNTY	institution: residence before admission)
FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospita	Lor institutio	n, give street address or location)		outside corporate limit	s, write RURAL and give
33	JOHNS HOPKI	NS HOSPITI	Yrs.	D. STREET ADDRESS (If	rural, give location)	5-01
	y in Baltimore		Mos. Days	1202 4	9. AGE (in years)	Under 1 Year If Under 24 Hours
Male	Color or RACE	- We	DIVORCED (Spicify)	8. DATE OF BIRTH 5-/5- LJ 11. BIRTHPLACE (State or for	last birthday) Mo	
rk done during most of	UPATION (Give kind of working life, even if retired)	los. KIND	OF BUSINESS OR INDUSTRY	md.	oreign country)	WHAT COUNTRY?
3. FATHER'S NA	AME	-,		14. MOTHER'S MAIDEN N	AME	9
5. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	N A	DDRESS
(es, no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.		PKINS HOSPITAL	INTERVAL BETWEEN
(This does	not mean the mode of	dving, e.g.				
DISEASES RISE TO TH UNDERLYI	e, asthenia, etc. It means complication which control causes of the control causes of the control causes of the control cause (A) and condition the condition that the condition t	ns the disease, aused death.) ES FANY, GIVING STATING THE	(B) E DUE TO (C)	estine blact	oscular dist	200.0.
DISEASES RISE TO TH UNDERLYI OTHER SIGNATURE	omplication which controls on CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	ns the disease, aused death.) ES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED	(B)		sacular di Si	
DISEASES RISE TO TH UNDERLYI OTHER SIGNED TO THE DISE	omplication which control causes on conditions, if a bove cause (A) ng condition has been conditioned to the death, but the death, but the death, but the death, but the death of condition the condit	ns the disease, aused death.) ES FANY, GIVING STATING THE ST. TIONS CON- NOT RELATER CAUSING IT	(B)		જ્વલ્લીક હોંજ	20. AUTOPSY?
DISEASES RISE TO TH UNDERLYI OTHER SI TRIBUTING TO THE DIS	complication which control to the death, but to the death of th	ns the disease, aused death.) ES FANY, GIVING STATING THE ST. TIONS CON. NOT RELATE CAUSING IT 9B. MAJOR	(B)	RATION in or 21c, WHERE DID (If in Baltimore City,	20. AUTOPSY?
DISEASES RISE TO TH UNDERLYI OTHER SI TRIBUTING TO THE DIS 19A. DATE OF LYING OR CAUSE OF C	complication which control to the death, but to the death of th	ES FANY, GIVING STATING THE ST. TIONS CON NOT RELATED CAUSING IT 9B. MAJOR 21B. PLA about home, fa 21B. PLA 21B.	(B)	RATION in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21F. HOW DID INJUR	If in Baltimore City,	20. AUTOPSY? YES NO give exact location)
DISEASES RISE TO TH UNDERLYI OTHER SI TRIBUTING TO THE DIS 19A. DATE OF 21A. ACCIDE LYING OR CAUSE OF C 21B. TIME (N NJURY)	omplication which control of the death, But to the Death, But to the Death, But to the death of	rs the disease aused death. ES FANY, GIVING STATING THE ST. TIONS CON NOT RELATED CAUSING IT 9B. MAJOR 21B. PLA about home, fa (Hour) 2 m. wended the content of the	FINDINGS OF OPER CE OF INJURY (e. g., arm, factory, atreet, office bldg. CHE. INJURY OCCURE WORK NOT WHILE AT WORK deceased from and that death occur and that death occur and that death occur	RATION in or 21c. WHERE DID (otc.) INJURY OCCUR? RED 21f. HOW DID INJUR 7. 195 to	If in Baltimore City, Y OCCUR? 6 - 30 - , 19 5 the causes and on t	20. AUTOPSY? YES NO give exact location)
DISEASES RISE TO TH UNDERLYI OTHER SIGNATION TO THE DISEASES 19A. DATE OF 21A. ACCIDE LYING OR CAUSE OF DE 21D. TIME (1) 22. I hereby deceased ali 23A. SIGNAT	complication which control of the death, But to the Death, But to the Death, But to the Death But to the Death But to the Death But to Operation 1 ENT WAS UNDERCONTRIBUTING DEATH Month) (Day) (Year) Death decreify that I att ve on the Death But to the Death B	TIONS CONNOT RELATED CAUSING IT 9B. MAJOR 21B. PLA about bome, fa (Hour) 2 m. wended the connot cause of the connot cause o	FINDINGS OF OPER CE OF INJURY (e. g., arm, factory, atreet, office bldg. CHE. INJURY OCCURE WORK NOT WHILE AT WORK deceased from and that death occur and that death occur and that death occur	RATION in or 21c. WHERE DID (oc.) INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 27f. HOW DID INJUR 28f. ADDRESS 10 MNS HOPKINS	If in Baltimore City, Y OCCUR? 6 - 30 - , 19 5 the causes and on t	20. AUTOPSY? YES NO give exact location) Solution in the date stated above 23c DATE SIGNED
DISEASES RISE TO TH UNDERLYI OTHER SIT TRIBUTING TO THE DIS 19A. DATE OF 21A. ACCIDE LYING OR CAUSE OF DE 21B. TIME (N NJURY) 22. I hereby deceased ali 23A. SIGNAT 24A. BURIAL. C TION, REMOVAL-(S) DATE RECEIVED	CONTRIBUTING CONTR	rs the disease aused death. ES FANY, GIVING STATING THE ST. TIONS CON NOT RELATER CAUSING IT 9B. MAJOR 21B. PLA about home, fa (Hour) 2 m. wended the control of the	FINDINGS OF OPER CE OF INJURY (e.g., rrm, factory, street, office bldg PIE. INJURY OCCURE WORK AT WORK deceased from and that death occur M. D. PIE. NAME OF CEMETI	RATION in or 21c. WHERE DID (oc.) INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 27f. HOW DID INJUR 28f. ADDRESS 10 MNS HOPKINS	If in Baltimore City. Y OCCUR? 6 - 30 - , 19 Sthe causes and on the course of the co	20. AUTOPSY? YES NO give exact location) Solution in the date stated above 23c DATE SIGNED
OTHER SIGNATION, REMOVAL-(ST	CONTRIBUTING CONTR	rs the disease aused death. ES FANY, GIVING STATING THE ST. TIONS CON NOT RELATER CAUSING IT 9B. MAJOR 21B. PLA about home, fa (Hour) 2 m. wended the control of the	FINDINGS OF OPER CE OF INJURY (e.g., rrm, factory, street, office bldg PIE. INJURY OCCURE WORK AT WORK deceased from and that death occur M. D. PIE. NAME OF CEMETI	RATION in or 21c. WHERE DID (1) 1NJURY OCCUR? 21f. HOW DID INJUR 22f. HOW DID INJUR	If in Baltimore City. Y OCCUR? 6 - 30 - , 19 Sthe causes and on the course of the co	give exact location) South at I last saw the last stated above 23c DATE SIGNED 1, or colorly (State)



50 5898

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) John William Rimbach OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) altimore 4940 astern Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 420 N. Maderia - 31 Life th of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Jan. 10. 1910 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Md. Matters Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Garrie 15 GWAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. Records, 4940 astern Ave. INTERVAL BETWEEN 18. 002 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WILLE AT NOT WHILE WORK . 19 , to July 2 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from 5-23-50 deceased alive on 12 2 19.50, and that death occurred at 10.50 Mom the causes and on the date stated above, 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) REMOVAL (Specify) ECEIVED BY DATE RECEIVED BY

new title and the state of the tera en ca-lindes C-126 14 .2 145 . The same of the same of the same . He makes all the latest to the Sept and the second section of the second section is a second section of the second section se

B-635

	50	5899		TIMORE CITY HE		n 1/1/11	70000
BI	RTH NO.		Brade !	CERTIFICAT	E OF DEATH	- Registered I	10,
1.	NAME OF DI		C. Ba	rtenfe	lder	2. DATE OF DEATH 7/	13/5-0
3. A.	PLACE OF DE Baltimore C				4. USUAL RESIDE	NCE (Where deceased lived, If B. COUNTY	institution : residence before admission)
B. I	FULL NAME	OF (If not in hos		ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give
()	STITUTION	13045c	heel		Rasp	eburg 2	6-34 township)
6	noth of st	tay in Baltimore	11:6	Yrs. Mos. Days	1304 S	ss (If rural, give location)	Are
	SEX	6. COLOR OR RAC		E. MARRIED. ZED, DIVORÇED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	f Under I Year H Under 24 Hours on the Days Hours Min.
10	1 ce / e	CUPATION (Giveking		OF BUSINESS OR	Oct. 14 %	tate or foreign country)	12. CITIZEN OF
work		f worklog life, even If retir	ed) _	INDUSTRY		to. Co. Md.	WHAT COUNTRY?
13	FATHER'S N	_	. 4.	Selde :-	14. MOTHER'S MA		
15	. WAS DECEASE	DEVER IN U. S. ARA	ED FORCES?	1 16. SOCIAL	Tathe		DDRESS
(Yes	, oo or onkoowo)	(If yes, give war or d	ates of service)	SECURITY NO.		Bartenfelder	1304 Scheeler Av.
	18. 420	. /		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITIO	EATH	(~	MA	(des).	2 days
	heart failu	re, asthenia, etc. It re complication which	neans the diseas	se,		- Lauran	
	,	ANTECEDENT CA		at	ola . F	- C. 1'	a Trestter
NOIL		S OR CONDITIONS			977 11 00	- 0	7 7000
< 1		THE ABOVE CAUSE (YING CONDITION		HE DUE TO	N		
IFIC		11		(C)			
ERTI	TRIBUTING	SIGNIFICANT CON	UT NOT RELAT	ED			
U		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL			1 01 5		io or 21c, WHERE D	ID (If in Baltimore City,	YES NO P
IEDICAL	HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,			give exact location)
Σ	D. TIME	(Month) (Day) (Ye		21E. INJURY OCCURR		INJURY OCCUR?	
			m.	WHILE AT NOT WHILE		9.00	
	22. I hereb	y certify that I	attended the	account from	1950 med at /230 m	to May 3, 19- from the eduses and on t	of that I last saw the
	23A, SIGNA		7, 19	ana that death occu	23B. ADDRESS	The causes and on t	23c. DATE SIGNED
	ta	CREMAN SAS SAS	1104	24C. NAME OF CEMETE	1331 VIL	24b. LOCATION (City, town	or county) (State)
TIC	A. BURIAL. (SON, REMOVAL (S	a / 7/7	15-0	21 in hu	th.	Balto. Co.	MC
D/	ATE RECEIVE	REGISTRA	R'S SIGNATI	Villiance, M.M.	Landel DIR		7401 Belaiole
T	VS 150	7,7590				4	0.

2906M

Dr. S. Wolf

1331 E North

Mulbery 5733

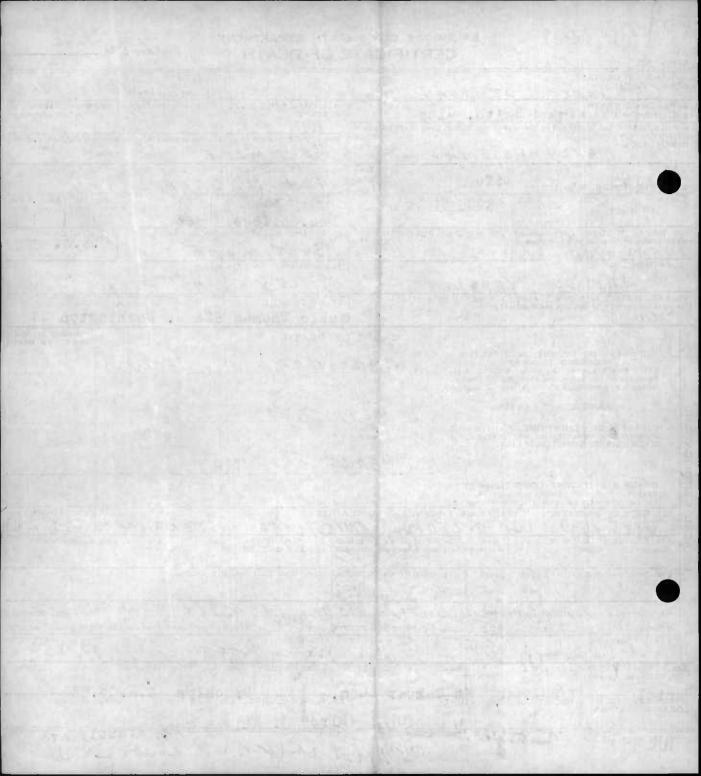
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5900

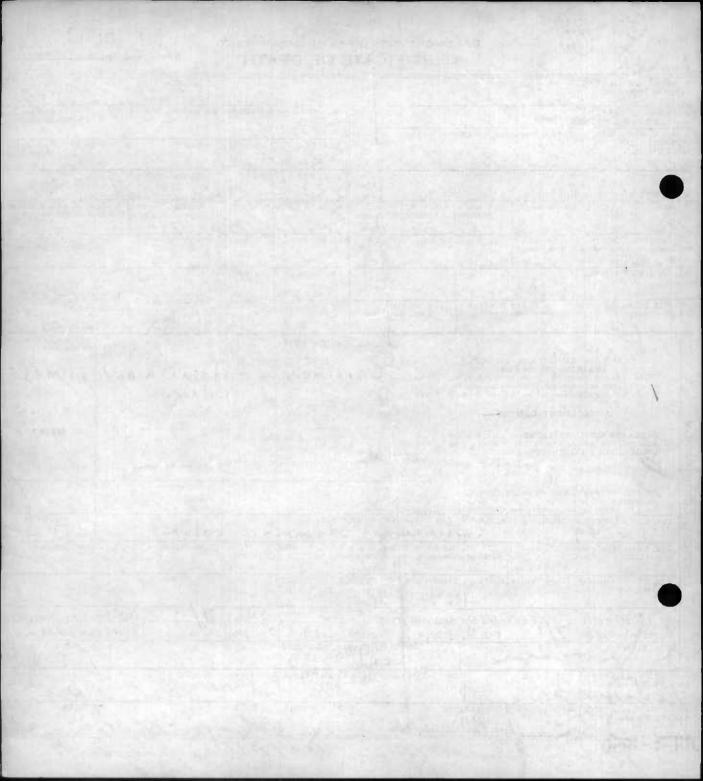
Registered No_

_									
1. NAME OF DECEASED (Type or Print) Walter Chenoweth Rerry				eth Berry			OF DEATH Ju	lv 3. 19	50
	PLACE OF DE	EATH: Sity, Maryland	- Uneithe	e un Den Ly	4. USUAL RESID	ENCE (Where deceased lived.	If institution	
B.	FULL NAME		al or institut	tion, give street address o		1	B. COONTT	Were	ne admission)
H	HOSPITAL OR location			location	c. CITY OR TOW	N (II	f outside corporate lin	nits, write RU	RAL and give township)
1	St. Joseph's Hospital			Pa	Itimo	re	1-01	township)	
				Yrs, Mos.			rural, give location)		
c.		tay in Baltimore	- 7	6 yr Days		I N.	Ellwood Ave.		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRT	Н	9. AGE (In years last birthday)		Hours Min.
	_ M.	W.		Married	July 6,19		45		
		CUPATION (Give kind of f working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or f	oreign country)	12. CITIZ WHA	EN OF COUNTRY
	Steelwo	rker	Bethle	hem Steel Co.	Marylan	id			
13	FATHER'S N	IAME			14. MOTHER'S M	AIDEN N	AME		
		Elwood Ber			Verna C	henov	veth		
	s, no or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FÖRCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	mr.				Helen V.R	hodes	601 N.El	lwood	Ave.
	18. 1.	JX.	TheYell	CAUSE	OF DEATH			INTER	VAL BETWEEN
í	DISEAS	E OR CONDITION	DIRECTLY	1		4	•	014321	AND DEATH
	(This does	LEADING TO DEA	TH of dying, e.	8., (A)	Ulin oma 1	om	************		
		re, asthenia, etc. It mes complication which							
		ANTECEDENT CAUS	SFS	1	ANY VALLE		0 - 1	1/	
Z		AITTEGEDEITT GAG.	323	(B)	Non oma	S)	gold		
0		OR CONDITIONS, 1			11	1	1		
4	UNDERLY	ING CONDITION LA	AST.	1/	11-	7/1/	5		
F				(c) Mac	lole of	100	Merc		D. C. C. D. D. D. D. C. C. C. D. D. C. C. C. D. D. C.
2	OTHER S	III IGNIFICANT COND	ITIONS CO	N-		-			
		TO THE DEATH, BUT			***************************************				*****************************
				FINDINGS OF OPE	RATION	.02.1	St. Black Co.	20.	AUTOPSY?
Ā	1717							YES	
ă	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.		DID (JR?	If in Baltimore City	, give exact	location)
M									- ch-c20
	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE		אחראו ס	Y OCCUR?		
			m.	WHILE AT NOT WHILE					
	22. I hereby	y certify that I att	tended the	deceased from Ma	rch 31, 1 195	0, to_J	uly 3, , 19	50, that I i	last saiv the
	deceased al	ive on July 3,	_, 1950,	and that death occu	rred at 12:30Pm	., from	the causes and on	the date si	tated above.
	23A. SIGNAT	TURE // ·	2/1	la.	23B. ADDRESS	1000			TE SIGNED
	//	restrem 17	1./10	eggen M.D.	11,00 N. Car				3, 1950
TI	AA. BURGAL, C ON, REMOVAL (S	pecify)		24CYNAME OF CEMET	ERY OR CHEMATORY		LOCATION (City, tov		(State)
_	urial	7/7/50		V Toronto	L OF FUNERAL DI		ronto Ohão		c
	ATE RECEIVED	RAR	S SIGNATI	//	25. FUNERAL DI	ALAI	1639	ADDRES	1
	THE R IS OF THE PARTY SHAPES	1950 /hunter	uton /	Miane, M.	Marine 7%	Tym	mm Bi	MAN	W
	VS 150	Experience .	0-	and the second s		W		,,,	1
		A Same of the same	in the state of th	69	03A			46 F	
					4				

CERTIFICAT	EALTH DEPARTMENT 50 (Registered No	
I. NAME OF DECEASED	2. DATE	
(Type or Print) LAMES STEPNAY	OF DEATH JULY	1,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	mo.	before admission)
HOSPITAL OR location)	C. CITT OR TOWN (II outside corporate initis, w.	rite RURAL and give township)
MERCY HOSPITAL	BALTIMORE 6-0	7
Yrs. Mos.	0. STREET ADDRESS (If rural, give location) 424 N. CHAPEL 5	
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	1. 11. 12.	1 Year It Under 24 Hours
MHDOWED, DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
ork done during most of working life, every if retired) INDUSTRY	BALTIMORE	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES STEPBNAY	TILLEY WATTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or uohoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
	Mable Thomas 822 N. Washin	gton St
18. /54X . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CINOMA OF RECTUM	
ANTECEDENT CAUSES (B) ME7	TASTASIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
HEAD	RT FAILURE	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	RATION	20. AUTOPSY?
6/28/50 CA RECTUM - IN	NTESTINAL DISTENTION	YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE MY WORK AT WORK		
22. I hereby certify that I attended the deceased from 61	(27 1950, to 7/1 , 195 %)	hat I last saw the
deceased alive on 7/1, 1950, and that death occur	rred at I m., from the causes and on the d	late stated above.
23A. SIGNATURE	23B. ADDRESS	3C. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
TION, REMOVAL (Specify)		***
DATE RECEIVED BY REGISTRAT'S SIGNATURE	Brooklyn A.A. Co	DORESS
LOCAL REGISTRAR	Elroy O. Wilson Took	
JUE 50 1950 Centrator Milianis, Mar	Frant	ly Ave.
3025	loy o Welson	. 46)



0	0 50	5902			EALTH DEPARTMENT	50 50 Registered No.	
ВІ	RTH NO.			ERTIFICAT	E OF DEATH	registered no-	
1. (T	NAME OF D	ECEASED	nole_			2. DATE OF DEATH	3 1950
	Baltimore C	City, Maryland	7		4. USUAL RESIDENCE (W	here deceased fived, If inst	itution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	n, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	
00	1921	16 Bed	lle.	A .	Battimo	-0)	township)
C.	ngth of st	tay in Baltimore	30 7	Yrs. Mos. Days	19216 Be	rural, give location)	8-07
5.	sex mal.	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	Vear I Under 24 Hours Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IN Dec	beleb es	aster Ca	14. MOTHER'S MAIDEN N	AME	
	Lu	na Ma	de.		manager N	4 Smc/	Brile.
15 (Yes	. WAS DECEASE s, no or nnknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
_		100.		5	Le Mote	19216.60	INTERVAL BETWEEN
	(This does heart failu	EE OR CONDITION LEADING TO DEA not mean the mode are, asthenia, etc. It me complication which	TH of dying, e.g., ans the disease,		OF DEATH (CINDMA - S	omach nad	18MUS
7		ANTECEDENT CAU	SES				
RTIFICATION	RISE TO T	S OR CONDITIONS, THE ABDVE CAUSE (A) YING CONDITION L	STATING THE	DUE TO			
IFI		11		(C)			
ш	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
U			198. MAJOR	INDINGS OF OPER	RATION		20. AUTOPSY?
CAI	JIN	. 49				f in Baltimore City, give	YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		E OF INJURY (e. g., i m, factory, street, office bldg.,		I in baltimore City, give	exact location)
Σ	210. TIME INJURY	(Month) (Day) (Year	Y CONTRACTOR	E. INJURY OCCURR		OCCUR?	
	10			VORK AT WORK	2.3	7/3	
	deceased at	y certify that I at	tended the d	eceased from 1.4	rmed at 9. 30 am from t	he causes and on the	hat I last saw the
	BA. SIENA		, 132 , 0	1500, EAST, MAD	NE, M. D.		3c. DATE SIGNED
24 TI	4A. BURIAL, CON, REMOVAL (S	Specify)	1950	IC. NAME BRIDE		OCATION (City, town, or	county) (State)
DL	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNATUR	E	25. FUNERAL DIRECTOR	De as Al	DDRESS
F	100	- Charten	ton / Killy	٠ الموازار طالبان	mis crouk	4. Ellert	· Vaughter
y U	L 55 195	0	cos (Sintario)	97031	4 112971. C	airline &	2.46B

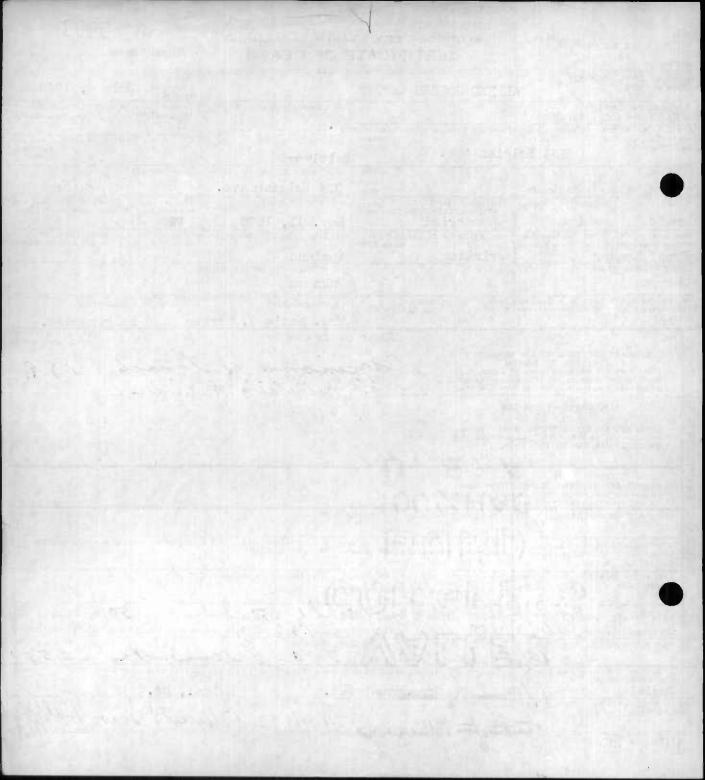


36	50	5903
BIRTH NO.	00	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5903 Registered No.

BIRTH NO.	OERTH TOAT	L OI DEATH	
1. NAME OF DECEASED (Type or Print)	LFRED JOSEPH CARTER	2. DATE OF DEATH	July 4, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived B. COUNTY	
HOSPITAL OR	al or institution, give street address or location) Lgian Ave.	C. CITY OR TOWN (If outside corporate i	imits, write RURAL and give
00 30 20 30 30 30 30 30 30 30 30 30 30 30 30 30	<u> </u>	Baltimore	
gth of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location 934 Belgian Ave.	27-10
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1870 9. AGE (in years last birthday) 79	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork does during most of working life, even if retired) Proof Reader	10B. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Unknown	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or uokoowo) (If yes, give war or dates	FORCES? 16. SOCIAL sef service) SECURITY NO.	17. INFORMANT	ADDRESS
no	SECORITY NO.	Mrs. Annie W. Carter 934 1	Belgian Ave.
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complications is complicated by the complication of the complication which complication with the complication which complica	FANY, GIVING STATING THE DUE TO ST. (C)	cinoma of stomas metastasis & liner	
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		ty, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		
22. I hereby certify that I att	ended the deceased from	end, 1950, to July 4, 1 rred at 4:3 0 m., from the causes and o	
23A. SIGNATURE		3902 Greenmours	La July 5'5-0
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial 7/6/50	C. NAME OF CEMETE		own, or county (State)
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR Sicknest	ans- Bullo:
10 Fe Has 1920	a angual polyment year or	e de B	46B "19



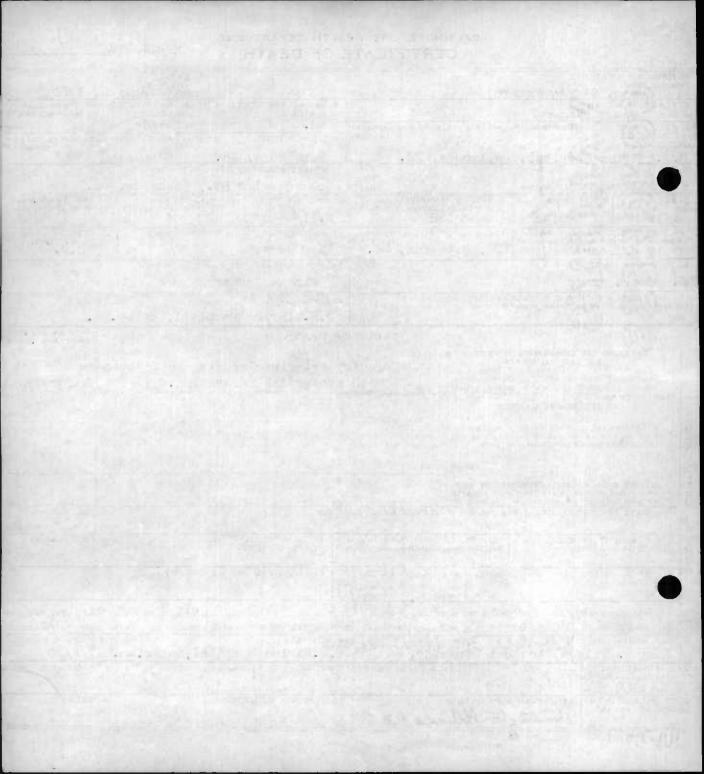
and the second of the second of 30,000 Hypercreative Chryse Photocock Symps. 3,24 4 1/4 54 - 8 - 5 - 1 - 5 - 5 of the state of th

5	5	80	5905)
		00	0000	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5905

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
(Type or Print) Roman, Sidney Edward	DEATH JULY 5, 1950
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
U.S. Marine Hospital, Baltimore, Md.	Baltimore, Md. Bethes da
Yrs.	o. STREET ADDRESS (If rural, give location)
c. Sigth of stay in Baltimore Days	5500 Charles St., Bethesda, Md.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Undet 1 Year M Undet 24 Hours Min.
male white widowed, DIVORCED (Specify)	8/11/06 43 44
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
supply officer NIH, Bethesda, Md.	New Jersey What country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Edward Roman	Minnie Bedmar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
SECONTI NO.	U.S. Marine Hospital, Balto.Md.
18. 470 / CAUSE C	OF DEATH
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coroner	y arteriosclerosis and thrombosis
heart failure, asthenia, etc. It means the disease.	myocardial infarction. unknown
injury or complication which caused death.) OUE TO WIGH	myocardiai intarcorone
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
ONDERETING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A DATE OF OPERATION . 198 MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
→	YES X NO L
ZIA. ACCIDENT. SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bldg., et	to.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
5	ED 21F. HOW DID INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INSORT OCCORT
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from July	1 , 19 50, to July 5 , 19 50, that I last saw the
deceased alive on July 50, 19 50, and that death occur	red at 9:05a m., from the causes and on the date stated above.
23A. SIGNATURE	3B ADDRESS 23C. DATE SIGNED
John L. Wilson, Medical Director, M.D.	U.S. Marine Hospital, Balto. Md. 7/5/50
24A. BURIAL, CREMA-124B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
19, -, 0 10 10 11 11 11 11 11 11 11	onal em. Urlington Va
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Tuntuator Volliague M.	& Ales TV. Jumparen Detheson Mon
1111 - 1958	Automobile to the second
Ante des 1220	T 94a
5900	



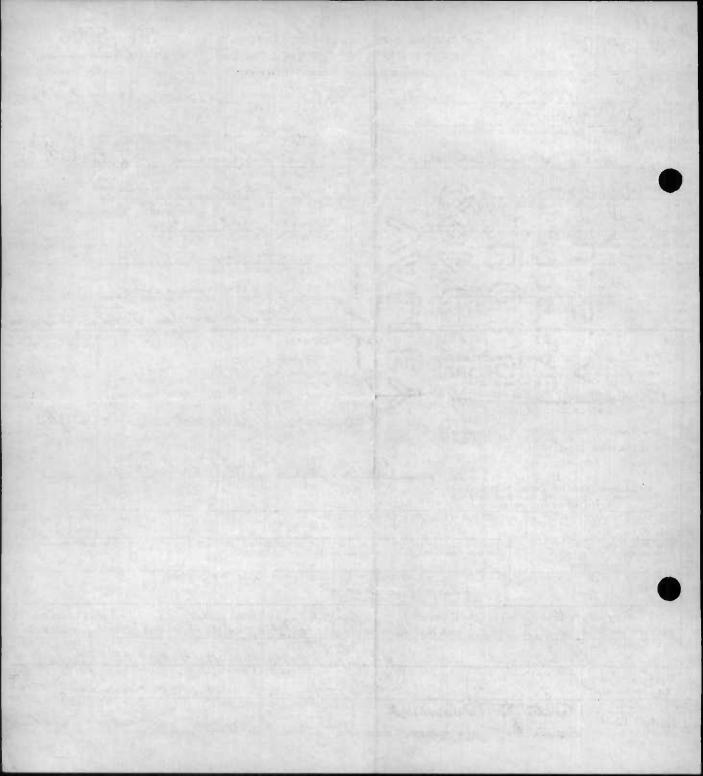
610

FO 5000

	50 590)6	BAL		EALTH DEPARTMENT E OF DEATH	T OU Registered 1	0906 No
1.	NAME OF DEC	EASED AR	У	J. M	URPHY	2. DATE OF DEATH	ely 3, 1950
	PLACE OF DEAT Baltimore City	TH:			4. USUAL RESIDENCE		
H	OSPITAL OR			ion, give street address or location)		(If outside corporate limi	
1	0 4	55 S.a.	agust	Wave.	D. STREET ADDRESS	If rural give location	LO-OB (township)
c.	beigth of stay			Mos. Days		S. augus	to an.
5.	SEX 6.	COLOR OR RACE	MIDOM	E. MARRIED. VED, DIVORCED (Specify) Marker	8. DATE OF BIRTH Nov. 30, 187	last birthday) Me	t Under 1 Year If Under 24 Hours on the Days Hours Min.
10 orl	A. USUAL OCCU	PATION (Give kind of orking life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAM				14. MOTHER'S MAIDEN		
	ne	ration her	Huy	sh	les	lever	
15 Ye	S. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or date)	FORCE 82 of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	? Knoply Ls	S. Eugenter
	18. 290	.0		CAUSE	OF DEATH	00	INTERVAL BETWEEN
		OR CONDITION		1/	to P		110,1100
	(This does no heart failure,	ot mean the mode of asthenia, etc. It mea mplication which of	of dying, e. :	se,	gour um	lumm	98 HXS
Z	AN	NTECEDENT CAUS	ES	(B) Per	nicious and	mia.	5 VRS
A	RISE TO THE	R CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA	STATING T	NG			
1	Y			(c) Hene	evolused an	tenoselevos	
EK	TRIBUTING T	NIFICANT CONDI	NOT RELAT	ED	0		
7	19A. DATE OF			FINDINGS OF OPE	RATION		20. AUTOPSY?
CA	21. ACCIDENT	F SUICIDE	1 24a DI	ACE OF INITIBY (in or 21c. WHERE DID	(If in Baltimore City,	YES NO L
AFDI	HOMICIDE	(Specify)	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Battimore City,	give exact location;
	D. TIME (Mo	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		DRY OCCUR?	
	22. I herebu o	certify that I att	ended the	/	uly 2 1950 to	Theles 3, 195	Q, that I last saw the
				and that death occu	rred at 419 Pm., from	the couses and on t	
	23A. SIGNATU	RE P. Zulas	les	м. р.	3723 Polymond	on are	7/5/50
Z. TI	4A. BURIAL, ORE	MA- 248 DATE	-50	24c. NAME OF CEMETE	ERY OR CREMATORY 24D	LOCATION (City, town	or country (State)
	ATE RECEIVED I		15% YU	lieus, Ma	25. FUNERAL DIRECTO	R J. T.	ADDRESS

VS 150

73a



52% 5907 CERTIFICATE COP	RRECTED 7-13-50 50 50 50 CATE OF DEATH Registered No.	907
BIRTH NO. 1. NAME OF DECEASED Mary	2. DATE	
(Type or Print) M/88 - VIRGINIA. KIN		-1950
s. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street ad		ia Divina
ASTITUTION ST Agnes Hishital	ocation) c. CITY OR TOWN (If outside corporate limits, w	township)
a speed properties	Yrs. D. STREET ADDRESS (If rural, give location)	XW Franks
c. gth of stay in Baltimore	Mos. Days Y. W. C. A. Franklin	+ Park
5. SEX 6. COLOR OF RACE 7 SINGLE, MARRIED, WIDOWED, DIVORCED		er I Year If Under 24 Hours S. Days Hours Min.
To a. USUAL OCCUPATION (Give kind of 10 B. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
ork done during most of working life, even if retired)	USTRY	. CITIZEN OF WHAT COUNTRY? U.S.A.
Receptionist Vas + Ellelrse 13. FATHER'S NAME	14. MOTHER'S MAJDEN NAME	U.D.A.
Howard Ming	Helen Folk Tull	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO	RESS
No. 219-01-0	344 Mrs. Vernon South, 311 MainAv	
	USE OF DEATH GIEN BUTTLE, IN	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carcinoma of the body of hee Pa	and a
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		1400
ANTECEDENT CAUSES		1
Z (B)	Metastases, Jeneralezed abdone	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		cuo.
. (c)		***************************************
11		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
	minal metastans of Carenoma	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, of CAUSE OF DEATH		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF		
	T WORK	
22. I hereby certify that I attended the deceased from	h occurred at 3/5, 19 / to, 19, to h occurred at 3/5, 19 / from the causes and on the	hat I last saw the
deceased alive on 1955, 1955, and that death	238. ADDRESS	aate stated above.
Willoway M	. D. St agues 18050. Baltimore 29	7/5/50
TION DEMONST (Specific	EMETERY OF CREMATORY 24d. LOCATION (City, town, or	eounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS
Twitte for Hilland He	Sarton proc Center	elle, me
VS 150	SE	469

derina 18/7/50 animales Continuities in which the was to admittly may

BIRTH	NO.
U	0900
0	F000
0	
0	

BALTIMORE CITY HEALTH DEPARTMENT

	50	E000
	00	5908
egistered	No.	

BIRTH NO.	RIFICALI	E OF DEATH	negistered No.			
1. NAME OF DECEASED BEULTH THNE COOKE LOWE			2. DATE OF DEATH 7-4	-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland BA/fimere C B. FULL NAME OF (If not in hospital or institution, s	give street address or	4. USUAL RESIDENCE (W) A. STATE MARY/AND	here deceased lived, If ins	stitution: residence before admission)		
HOSPITAL OR INSTITUTION for the Women of Maryland	location)	RA HIMORE	outside corporate limits, v	write RURAL and give township)		
10	Yrs.		Reistenstow.	Dod.		
5. SEX 6. COLOR DR RACE 7. SINGLE, M. WIDOWED.	Days ARRIED. DIVORCED (Specify)	8 DATE OF BIRTH	9. AGE (In years H Une			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF		11. BIRTHPLACE (State or for	68 -	2. CITIZEN OF		
ork doceduring most of working life, evec if retired)	INDUSTRY		yhand	WHAT COUNTRY?		
OHARIES W. MASON		Helena Ito heuzillean				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		PRESS		
18. 154X	CAUSE	OF DEATH	The state of the	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) AdeNo	CARCINOMA Rect	um.			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO					
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TD					
li di	(C)					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	····					
194. DATE OF OPERATION 198. MAJOR FIN	RATION		20. AUTOPSY?			
HOMICIDE (Specify) about home, farm, f	OF INJURY (e. g., in actory, at rect, office bldg., e	o or 2Ic. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)		
ZID. TIME (Month) (Day) (Year) (Hour) 21E. NJURY m. WHILE			OCCUR?			
22. I hereby certify that I attended the deceased from Tune 27, 1950, to Tuly 4, 1950, that I last saw the deceased alive on Tuly 3, 1950, and that death occurred at 154 m., from the causes and on the date stated above						
deceased alive on 193, and	12	38. ADDRESS	rice of Md.	23c. DATE SIGNED		
241. BURIAL, CREMAN 248. DATE TIGN, REMOVAL (Specify)	INI DI		CAPION (City, town, or	coundy) / (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	forelond	25 FORMAN DIRECTOR	formore of	DDRESS 1		
1981 6-1950 tutu to Killi	MA, M.B.	Thehom on	Jac 12175	Coul &		
VS 150	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWI			468		

Communication of the Communication

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) oseb DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS (If rural, give location) Mos. StStepKenST16 1608 igth of stay in Baltimore Days 6. COLORYDE RACE 7. SINGLE, MARRIED if Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 1-26-80 MARRIED 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if rejired) WHAT COUNTRY? 12ALTO CO Mid MIGHT WATCHMAN RetiRE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JUSAN Clayton garles Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO. UNK Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., RupTueed Aneursym of Aorta heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aneurysm - dissecting of Horta ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 10) Possibly on lue tie basis (Not proved) OTHER SIGNIFICANT CONDITIONS CON-Cardiae tombonode TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT HOT WHILE!

24C. NAME OF CEMETERY OR CREMATORY

, 1950, and that death occurred at 850 pm. from the 22. I hereby certify that I attended the deceased from_

deceased alive on 7-4 23A. SIGNATURE

2/4A. BURIAU CREMA-248. DATE

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

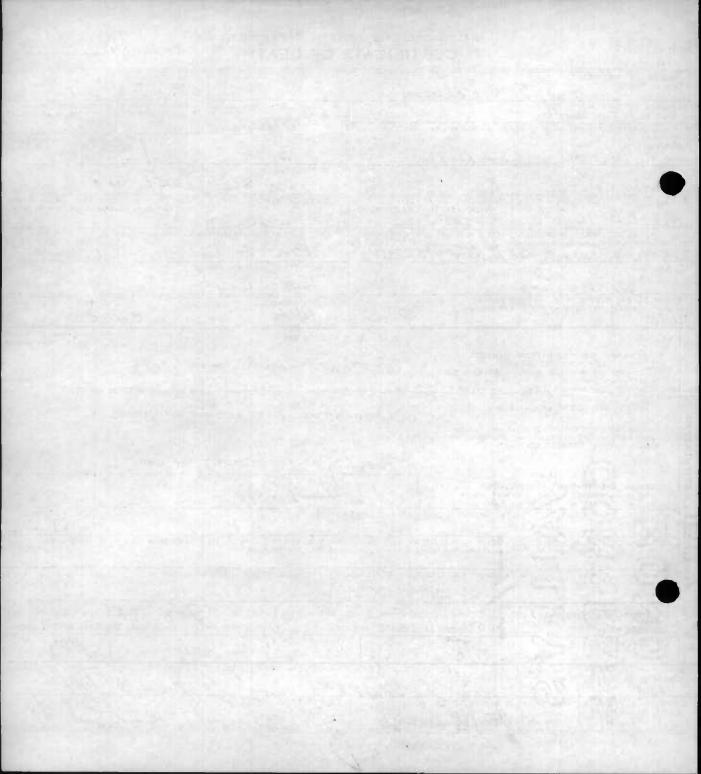
ADDRES:

, 19 5 4 that I last saw the

23c. DATE SIGNED 7-5-50

Dm., from the cause's and on the date stated above.

240. LOCATION (City, town or county)



5	36				50	F0:0
5(5910		ERTIFICATE	OF DEATH	Registered No	5910
1.	NAME OF DECEASED ype or Print) FRA	nk 13	SNYDER	2	OF July 4	1050
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (When A. STATE		
B. HO	FULL NAME OF (If not in hosp	ital or institution	n, give street address or location)	Maryland	side corporate limits, wr	ite RIIRAL and give
Z	Franklin S	quare Hos	pital	Baltimore	19-	O L township)
-	ngth of stay in Baltimore		Yrs. Mos.	o. STREET ADDRESS (If rur	al, give location)* Lcker Street	
5.	SEX 6.COLOR OF RAC		Days MARRIED. D. DIVORCED (Specify)		. AGE (In years) if Under last birthday) Months	1 Year If Under 24 Hours
10	Male White	Mille	anver 1	11. BIRTHPLACE (State or foreign	82	
work	downduring most of forking life went retire	Imin	INDUSTRY	Daltemas	Mod 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14 MOTHER'S MAIDEN NAMI	P	V
15	. WAS DECEASED EVER IN A. S. ARM , no or minown) (If yes, nive war or da	ED FORCES?	16. SOCIAL	17. NEORMANT	(grown)	FSS O
(I 0	, no or anknown) (If yee, give war or da	Les Of Bervice)	SECURITY NO.	Alshence I V	mostin 34	103 Cordents
	18. E972 X1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode	ATH	Carbon	monoxide poisonir	ng	
	heart failure, asthenia, etc. It m injury or complication which		DUE TO			
	ANTECEDENT CAL	JSES	(B)			
OI	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (/ UNDERLYING CONDITION	A) STATING THE	DUE TO	•	•••••••••••••••••••••••••••••••••••••••	***************************************
CAI		6A311	(C)			
ERTIFICATION	OTHER SIGNIFICANT CONI					
CE	19A. DATE OF OPERATION		INDINGS OF OPERA	TION		20. AUTOPSY?
CAL	254 EVTEDNAL CALLSE WAS	218. PLAC	E OF INJURY (e.g., in	r 21c. WHERE DID (If in	Baltimore City, give	YES NO X
EDIC	21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	about home, farn	n,factory, street, office bldg., etc	113 N. Stricke		,
Z	210. TIME (Month) (Day) (Yea	, , , , , , , , , , , , , , , , , , , ,	E. INJURY OCCURRED			2.1
	ouly 4, 1950 1:1	J + m. W	ORK AT WORK		<u> </u>	
				Autopsy, Insp quiry, find that said deced	ection or Inquiry	
and feath in my opinion resulted from: natural causes \square , accident \square , suicide \boxtimes , homicide \square , undetermined \square .						termined .
	Alanley 1	6. Neu	clacker M.D			5, 1950
TIC	A. PURIAL, CHEMA- 248. DATE	150 24	C. NAME OF CEMETER	COR CHEMATORY 240. LOCA	Trong (City, town, or ed	ounty) (State)
DA LO	CAL PECISTRAD	R'S SIGNATUR		5. FUNERAL DIRECTOR	ADI	grees ()
Щ	JL 6-1950 huma	tigton / /	hams, Hill	11 my sm	12/10/06	nl de
1	S 151 N - 968.0	प्राप्त विशेषात्र ।	September 14		163H	V

BALTIMORE CITY HEALTH DEPARTMENT

6	20 50 51 RTH NO.	911		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registere	50 d No.	5911
	NAME OF DE	Mary Blanc	the Pri	C A		2. DATE OF DEATH Jul	v 4.1950)
Α.		EATH: ity, Maryland			4. USUAL RESIDENCE (V	There deceased lived B. COUNTY	. If institution	
BIZ	FULL NAME OF DSPITAL OR STITUTION SOUT	Greenmount L	Ave.nea	ion, give street address or r 25th Sticcation) Yrs.	Maryle c. CITY OR TOWN (If Baltimor	outside corporate li	1-01	URAL and give township)
c.	Length of st	ay in Baltimore		Mos. Days	526 N. Fult			
	'emale	6. COLOR OR RACE White		E, MARRIED. /ED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb 22,1868	9. AGE (In years last birthday)	if Under 1 Year Months Days	Hours Min.
10 worl	A. USUAL OCC doneduring most of House	CUPATION (Givekind of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Frederick, Md.		12. CITI	ZEN OF T COUNTRY?
13	David K	AME Zollickoffe	r		14. MOTHER'S MAIDEN N. Unknown			
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yee, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Archie K. Price	Essex. Md	ADDRESS	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (A) (B) DUE TO CURULAL (C)					acis-	ser y	yrs- ual cars-
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			old age				
MEDICAL		NT. SUICIDE. (Specify)	21B. PLA	FINDINGS OF OPER ACE OF INJURY (e. g., in larm, factory, atreet, office bidg., e	n or 21c. WHERE DID (If in Baltimore Ci	YES	
ME	TIME (I	Month) (Day) (Year) I certify that I att	(Hour) m.	21E. INJURY OCCURRING NOT WHILE AT NOT WHILE AT WORK deceased from and that death occur	Pay. 10, 150, to		n the date s	last saw the stated above.
24 TI	4a. BURIAL C ON REMOVAL (SI Burial	REMA- 24B. DATE pecify) 7/6/50	~~()	M. D. 24c. NAME OF CEMETE Ft. Lincoln		ocation City, to) (State)
D.	ATE RECEIVED	BY REGISTRAR	a 14 a		THE DESTRUCTION	1214 51	Con	l St
=	VS 150	2540.	一个为人的是人们	S. C. Company of the			93)

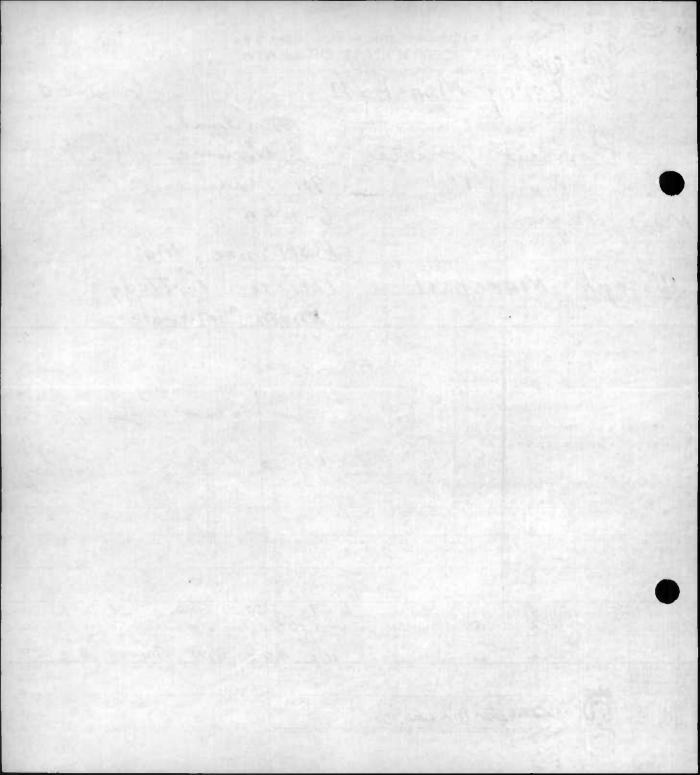
1484 8 Witnes Dancelo. Chine to Il greent lies The grant of the morning 186 1-2 1 12 1/1 1/2 1 2-2 23.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 10-10962 1. NAME OF DECEASED 2. DATE (Type or Print) NIARS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET Yrs. (If rural, give location) Mos. igth of stay in Baltimore Davs 6. COLOR DE RACE 7. SINGLE, MARRIED AGE (In years) H linder 1 Year II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATIO (Give kind of work done during most of working life even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 60.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK 1950 to . 1950, that I last saw the 22. I hereby certify that I attended the deceased from. 6-1 6-2 deceased alive on___ 19 50 and that death occurred at 12 5 m., from the causes and on the date stated above. 23A. SLGNATURE 23B ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 24C NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) Trondert Has DATE RECEIVED BA REGISTRAR'S SIGNATUR 25. FUNERAL DIRECTOR ADDRESS E 6 - 195 Thurtington / Yolliams, 16th

The state of the s

VS 150

160a



(Type or Print)

HOSPITAL OR

INSTITUTION

3. PLACE OF DEATH:

B. FULL NAME OF

13. FATHER'S NAME

A. Baltimore City, Maryland

ogth of stay in Baltimore

10A. USUAL OCCUPATION Givekindel

work done during most of working life, even if retired)

6. COLOR OR RACE

BALTIMORE CITY HEALTH DEPARTMENT

location)

Yrs.

Mos.

Days

DITAL

Registered No.

50 5913

12. CITIZEN OF

WHAT COUNTRY?

CERTIFICATE OF DEATH BIRTH NO. 10-1655 I. NAME OF DECEASED

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED.

WIDOWED, DIVORCED (Specify)

16. SOCIAL SECURITY NO.

OUE TO

108. KIND OF BUSINESS OR

Intani

2. DATE OF DEATH	6/5/50	
here deceased lived.	If institution; residence	-

4. USUAL RESIDENCE IW B. COUNTY

C. CITY OR (If outside corporate limits, write RJ)RAL and give township)

TIMORE ADDRESS (If rural, give location)

o. STREET

di Under I Year AGE (In years) last birthday) Months; Days Hours; Min. 2

11. BIRTHPLACE (State or foreign country) INDUSTRY

135 W. Lexingson CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

(B) OUF TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT NOT WHILE

22. I hereby certify that/I attended the deceased from 19 J and that death occurred at_ deceased alive on.

24B. DATE

M. O.

ruid 24D. LOCATION (City, town, or county) CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

23B. ADDRESS

ADDRESS

20. AUTOPSY

(If in Baltimore City, give exact location)

827m., from the causes and on the date stated above.

24A. BURIAL, CRIMA-TION, REMOVAL (Specify) Proviley DATE RECEIVED BY REGISTRAR

21A. ACCIDENT, SUICIDE.

(Specify)

HOMICIDE

INJURY

23A, SIGNATURE

EDICA

REGISTRAR'S SIGNATURE Thurtington

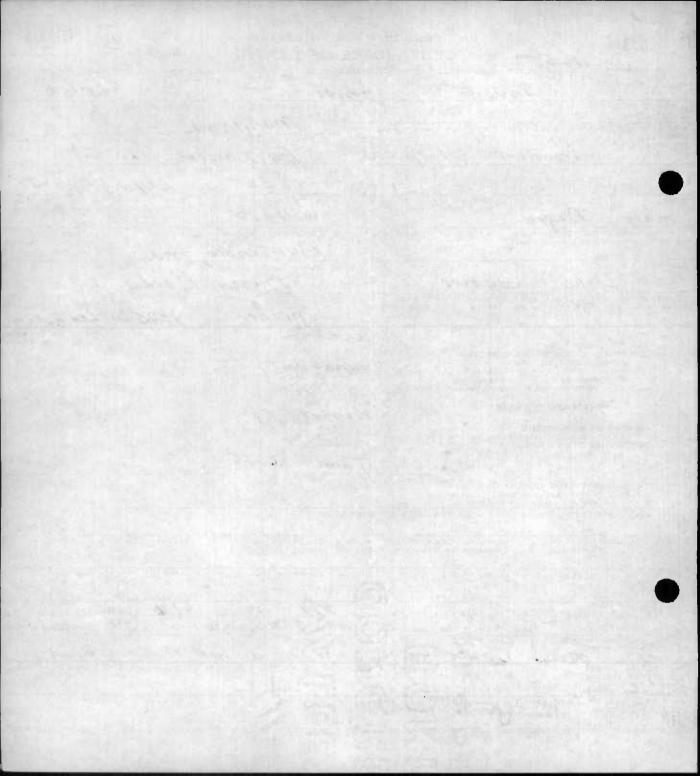
21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

19 00 to

6/5_ 19 50 that I last saw the



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 50-11656 1. NAME OF DECEASED 2. DATE (Type or Print) Intani DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or miyland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 13017-more o. STREET ADDRESS (If rural, give location) Yrs. Mos. 9. AGE (in years I gth of stay in Baltimore w. Days 6. COLOR OR RACE 7. SINGLE, MARRIED. M Under 1 Year last birthday | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION Givekindof 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY aitimost ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. 1835 w. Lexingion INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I oftended the deceased from. 19.00 to 6/14 19 so that I last saw the 6 PM , 19 So and that death occurred at 10 mm, from the causes and on the date stated above. deceased alive on_ 23A_SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 1100 Muid M. D. 24A. BURIAL CREMA-TION REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY (State)

25. FUNERAL DIRECTOR

VS 150

PANTE RECEIVED BY

LOCAL REGISTRAR

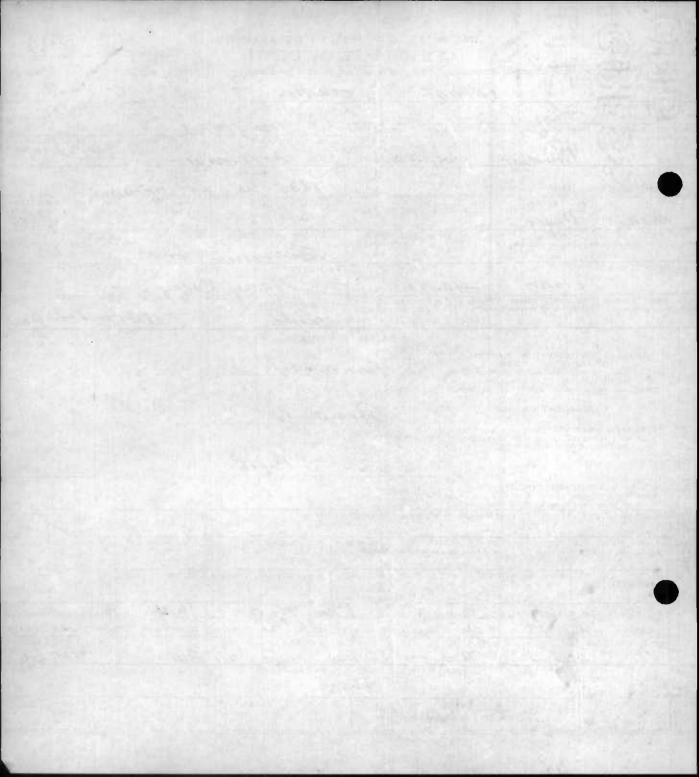
REGISTRAR'S SIGNATURE

一个人是一个人

t Broke and

159

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

50 5915

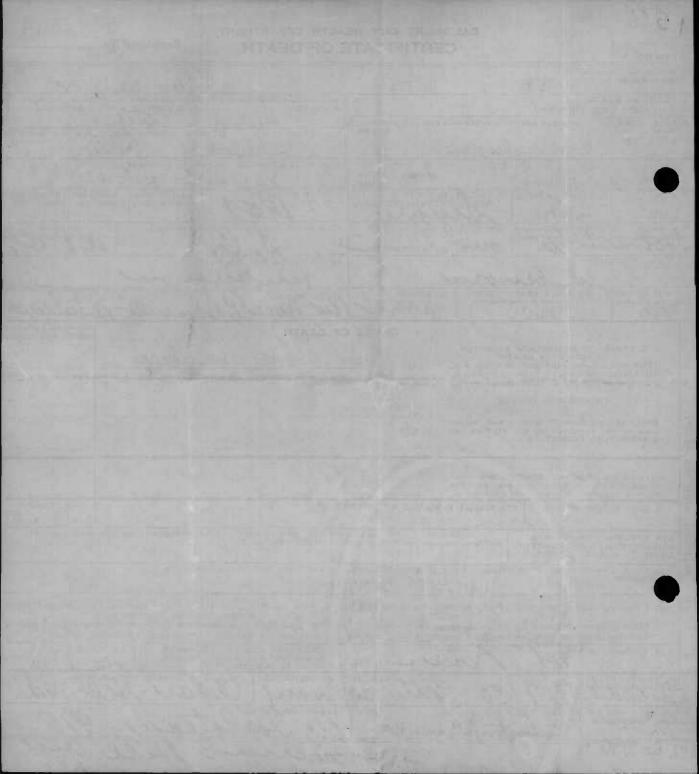
BIF	RTH NO. 5	0-12897		CERTIF	ICATI	OF DEAT	Н	Registered	i No		
	NAME OF D pe or Print)	Baby Boy B	rown-Ma	arv				2. DATE OF Jun	e 28,	1950	
A.]	ULL NAME	EATH: City, Maryland OF (If not in hospit:	al or institut	ion, give street		4. USUAL RESID A. STATE Maryland			If institut	ion : resider before adm	nce ission)
INS	STITUTION L	Baltimore Cit	y Hospi Avenue	itals	location)	Baltimore		outside corporate lin	mits, write	RURAL ar	nd give (nship)
c.		tay in Baltimore	I	ife	Yrs. Mos. Days	o. STREET ADDR	on Ave				19
	Male	6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCE 1210	D (Specify)	June 28, 1		9. AGE (in years last birthday)	ff Under 1 Ye Months D	ays Hours	24 Hours Min.
10A work	USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINES	S OR IDUSTRY	Maryland	State or fo	reign country)	12. CI WI	TIZEN OF HAT COU	NTRY
13.	FATHER'S N	IAME				14. MOTHER'S MA	IDEN NA	ME			
1.57		onard Brown				Mary	Thoma	ıs			
(Yes,	oo or uokoowo)	D EVER IN U.S. ARMED (If yee, give war or dates	FORCES?	16. SOCIAL SECURI	TY NO.	Records: 49	ltimor 40 Eas	e City Hos	offers	S	
FICATION	heart failurinjury or DISEASES RISE TO TI	not mean the mode o re, asthenia, etc. It mean complication which o ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	ns the diseas aused death ES ANY, GIVIN	e,) DUE TO (B)	* Y # # CO V V	rity and An	JA +2				
CERTI	TRIBUTING	IGNIFICANT CONDITO THE OBATH, BUT IS SEASE OR CONDITION	CAUSING I	T							
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS C	OF OPER	ATION				O. AUTOP	
MEDICA	LYING OF		about home,	ACE OF INJUR	RY (e. g., iz office bidg., e	or 21c. WHERE C		in Baltimore City			1)
	21p. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY (NOT WHILE	ED 21F. HOW DID	INJURY	OCCUR?			
	deccased al	y certify that I att ive on June, 28			th occur	red at 10:55Pm.					
	23A. SIGNAT	EL.C	Ton	un		38. ADDRESS 140 Eastern	Avenue		7-1-	-50	GNED
C	remation received	June 30.	1950 S SIGNATU	B. C. H.	CEMETE	tory 25. FUNERAL DIR	24D. LC				State)
	VS 150	plan (8)		and had developed 2.1	a.L	,					

11 1

150 BALTIMORE CITY H	EALTH DEPARTMENT 50 5916				
BIRTH NO.16 CERTIFICAT	E OF DEATH Registered No				
1. NAME OF DECEASED (Type or Print) MARY DEVINE	2. DATE OF DEATH July 3, 1950				
3. PLACE OF DEATH: a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COPNTY before admission)				
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
Provident Hospital	Baltimore (township)				
gth of stay in Baltimore 25 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 555 W. Biddle Street				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED., WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I feat Months Days Hours Min.				
10a. PSUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME AND SAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL.	INFORMANT () ADDITISES O				
You no or nuknown) (If yes, give war or dates of service) SECURITY NO.	(lev. Mora P. Jamuel - Biddle St.				
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease	OF DEATH Priosclerotic cardiovascular Gease				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION . 20. AUTOPSY? YES NO K				
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., UTING CAUSE OF DEATH.	n or 21C. WHERE DID (If in Baltimore City, give exact location) sto.)				
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
	above, held an Inspection & Inquiry thereon and from				
the cvidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, $X \subseteq X$, accident $X \subseteq X$, suicide $X \subseteq X$, accident $X \subseteq X$.				
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER				
PARTIE CREMA 24B. TATE 24C. NAME CEMPTE	RY O CREMATORY 246 LOCATION (City, toyn, to Acounty) (Style)				

DATE RECEIVED BY LOCAL REGISTRAR VE Gr 1950

V. Halstead - 9/8
New Hillegge



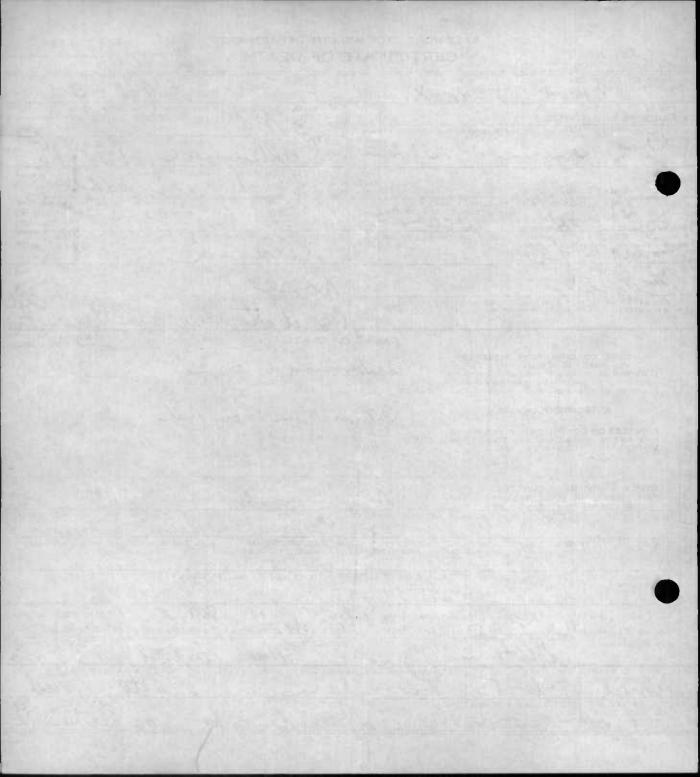
50 5917 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUBAL, and give INSTITUTION Yrs. Mos. agth of stay in Baltimore Days VE, MARRIED AGE (In years | # Under I Year | If Under 24 Hours | Months Days | Hours | Min. THPLACE (State or foreign country 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESE (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE 42011 ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT MEDICAL 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NJURY WHILE AT WORK 19.5 that I last saw the 22. I hereby certify that I attended the deceased from 195 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A, SIGNATURE 23E. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-DATE RECEIVED BY APORESS REGISTRAR'S

VS 150

94a

3 2 2 South Mark

1	594	R					ALTH DEPAR		Registered	50	59:18
_	RTH NO.										
(T;	NAME OF DE	CHEV.	A J	TOM	BLER				DEATH	5-5	
A.	PLACE OF DE Baltimore C	ity, Mary					4. USUAL RESID	DENGE (W)	here deceased lived. B. COUNTY		on: residence efore admission)
HC	FULL NAME O SPITAL OR STITUTION	OF (II no	t in hospite	or instituti	on, give street	location)	c. CITY OR TOW		outside corporate lin	ijs, write I	RURAL and give township)
L	f V					Yrs.	D. STREET ADDI	RESS (If r	ural, give location)	0	110
C.		ay in Balt		7 SINGLE	20 MARRIED.	Pare	3228 8. DATE OF BIRT	deg	9. AGE (In years)	If Under 1 Yea	or If Under 24 Hours
6	mole	Who	te		ED, DIVORCE	(Specify)	2	0	lootybjethday)		Hours Min.
10.	done during most of	working life, ey	Give kind of on lightered)	10B. KIND		SS OR NDUSTRY	11. BIRTHPLACE	(State or for	eig country)		TIZEN OF HAT COUNTRY
13	EATHER'S N.	AME 6					14. MOTHER'S M	AIDEN NA	ME		
15	WAS DECEASED	D EVER IN U	S ARMED	FORCES?	16. SOCIAL		Rose	<u>ر</u>	7.0		P
Yes	, no or unknown)	(If yes, give	war or dates	of service)	SECURI		David S	Homb	ler 3704	ADDRES	rug tow
	18. 33	IX	ı		C	CAUSE	OF DEATH			INT	ERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								<i>O</i>		
		ANTECEDE	NT CAUS	ES		On Tex		2010	1.1		
ATION	RISE TO TH	OR CONDI	AUSE (A)	STATING TH		uscesu	032000322	cea	, , , , , , , , , , , , , , , , , , , 		
H			II		(C)	•••••					
ERI	TRIBUTING	TO THE DE	T CONDI	NOT RELATE	D O	Ine	monie	5			
ادِ	19A. DATE OF				FINDINGS	OF OPER	ATION				AUTOPSY?
DIC	21A. ACCIDEI HOMICIDE	NT. SUICIE	E.		CE OF INJUI				in Baltimore City	, give exac	
ME	210. TIME (I	Month) (De	v) (Veer)	(Hour) I	21E. INJURY	OCCURRI	D 21F, HOW DI	ID IN IURY	OCCUR?		
	INJURY	Monthly (2a	.y) (10a1)		WHILE AT WORK	NOT WHILE		D INSORT	0000111		
1	22. I hereby	certify th	hat I att	ended the	deceased from	om Que	y 5, 195	50, to_9	July 5, 19	50, that	I last saw the
	deceased ali		111		and that dec		red at L:35 Pm	n., from th	c causes and on	the date	stated above.
	1			faris	2	м. о.	(As	usi ?	Hospital	Jul	45.450
TIC	REMOVAL (ST	pecify) 7	-6-	50	LO .	LLC	lale	Y 240. LO	Latte Jalle	T .	Md
	TE RECEIVED	RAR	parent . A	SIGNATU	RE V//I·		35. FUNERAL DI	RECTOR	A -7 (2.5	ADDR!	ESS P
	VS 150	1950	1 kmil	43	PULL	MAN	ace per	Des Car	C 2/00		www yes
			, , , , , ,		ALL PROPERTY AND					83	a



0	130				
BI	5919 RTH NO.		E OF DEATH	Registered No.	5919
	NAME OF DECEASED Vipe or Print) Fred	I hucado		2. DATE OF DEATH	50
A.	PLACE OF DEATH: Baltimore City, Maryland	Baltimore Waryland ospital or institution, give street address or	4. USUAL RESIDENCE (W		tution: residence before admission)
HO	SPITAL OR STITUTION	location	C. CITY OF TOWN (If	outside corporate limits, wr	ite RURAL and give township)
20		treval Hospital Yrs. Mos.	111 1 1	rural, give location)	<u> </u>
5.	SEX 6. COLOR OR RAN		8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
10 ror	A. USUAL OCCUPATION (Give kind done during most of working life, even if reting life, even if	nd of 108. KIND OF BUSINESS OR	11 BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Minknon	n	14. MOTHER'S MAIDEN NA	ME	
15 (Yes	. WAS DECEASED EVER IN U. S. AR , no or unknown) (If yes, give war or	MED FORCES? dates of service) 16. SOCIAL SECURITY NO.	Garne Luc	ado 8/00	I Lombard
	DISEASE OR CONDITION LEADING TO DO (This does not mean the month heart failure, asthenia, etc. It injury or complication which	DN DIRECTLY DEATH ide of dying, e. g., means the disease, ch caused death.) DUE TO	many Elsombo		INTERVAL BETWEEN ONSET ANO OEATH
RTIFICATION	ANTECEDENT CA	(B)			
TIFI	OTHER SIGNIFICANT CO	(C)			•••••
CEF	TRIBUTING TO THE OEATH, E TO THE OISEASE OR CONOIT	BUT NOT RELATEO			
AL	19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (You	ear) (Hour) 21E. INJURY OCCURE		OCCUR?	

NOT WHILE

WHILE AT

22. I hereby certify that, I attended the deceased from TIS

and that death occurred at 8: 21 A.m., from the causes and on the date stated above. 238. ADDRESS

23c. DATE SIGNED

_, 19___, that I last saw the

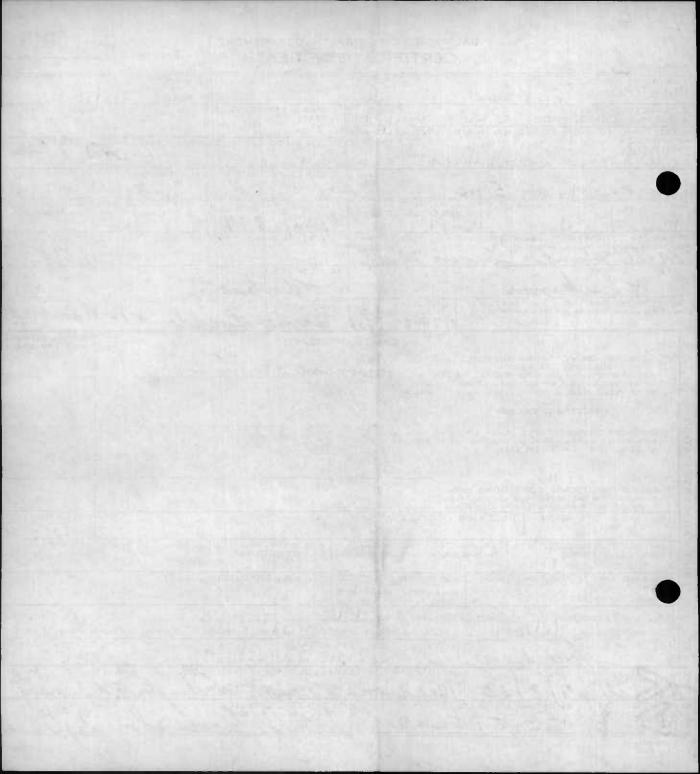
deceased alive on_

23A. SIGNATURE

BURIAL, CREMA-REMOVAL (Specify)

7 5 50 19

VS 150



50 - 5920

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) PPLEGARTH CHAVANNES (MRS. FRANK S). DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARY LAND BALTIMORE HOSPITAL OR THE UNION MEMORIAL Hosp, location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE (18) D. STREET ADDRESS (If rural, give location Yrs. 3507 N. CHARLES gth of stay in Baltimore Days 9. AGE (In years If Under) Year last birthday) Months Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Hours: Min. FEMALE WHITE 1877 MAY 20 MARRIED IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSEWIFE at home MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAURA CHARLES PEARSON L. APPLEGARTH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. N. CHARLES FRANK CHAVANNES UNKNOWN 13ALTO. 18 MO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., CEREBRAL HEMORRHAGE 15 MIN. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) HYPERTENSIVE CARDIOVASCULAR DISEASE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Culino Melyonia 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from the 1950 to JULY 5, 1950, that I last saw the deceased alive on JUHAS, 1950, and that death occurred at 2:25 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE SOUTH BOOK ralder 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town for county) 7/8/50 Druid Ridge Cem. Burial Pikesville.

25 FUNERAL DIRECTOR

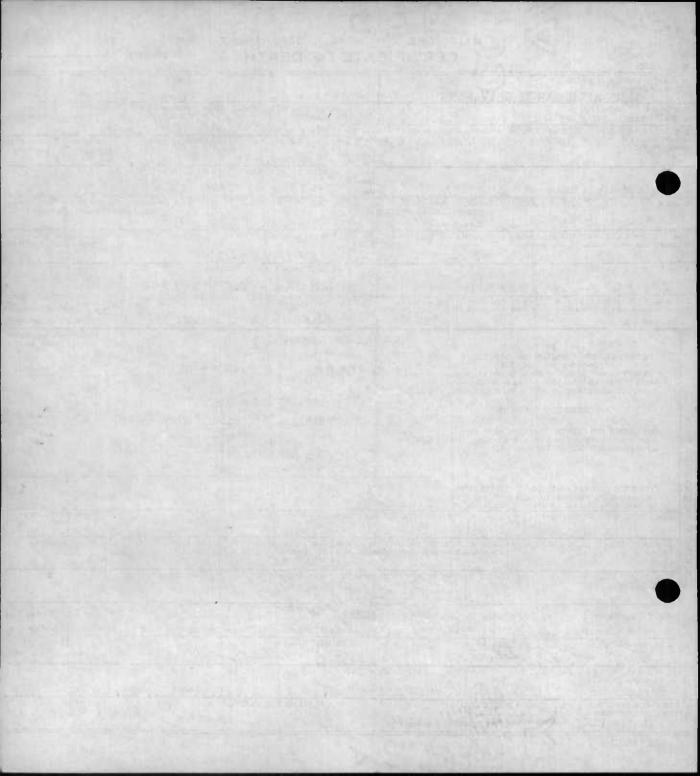
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SJGNAFURE

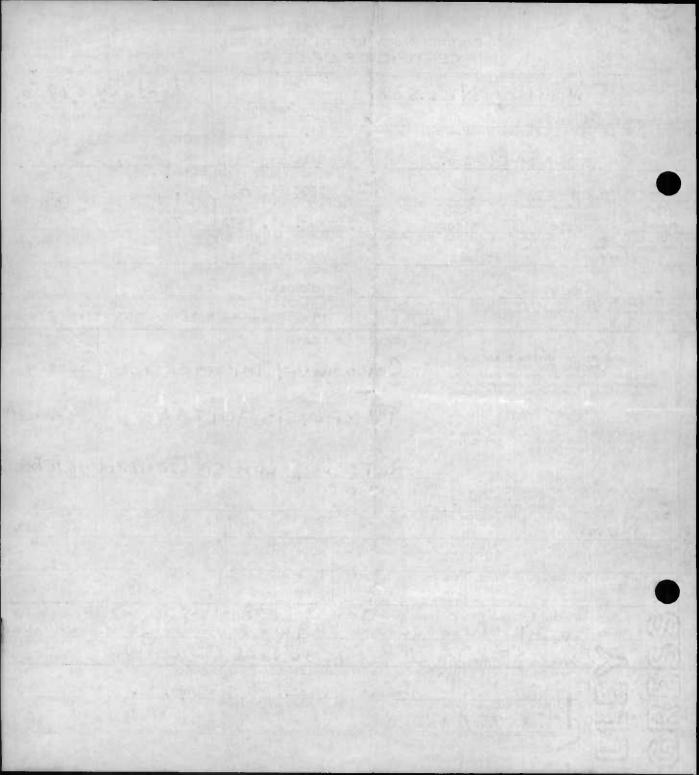
ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 592i

1. (T)	NAME OF Dope or Print)	ECEASED MAR	YN	ELSON		OF DEATH VO	LY 5,1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
	TULL NAME	OF (If not in hosp:	ital or instituti	on, give street address or	Md.		
HC	SPITAL OR STITUTION			location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township)
0	0	3506 Elle	rslie A	re.	Baltimore	9-	- 03 township,
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	bength of s	tay in Baltimore		Mos. Days	3506 Ellerslie	Ave.	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mo	t Under 1 Year H Under 24 Hours on the; Days Hours Min.
	female white widowed			Aug. 15, 1879	70		
10	A. USUAL OC	CUPATION (Give kinds	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
*OFE	housew		at hor		Austria		WHAT COUNTRY
13	FATHER'S		1 20 1101	110	14. MOTHER'S MAIDEN NA	AME	
					Unknown		
10	W	Vanik		1			
(Yes	, no or unknown)	ED EVER IN U.S. ARMI	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	no			none	Miss Florence	Nelson - 350	6 Ellersile AV
	18. 42	0.1.	177.61	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	0			
	(This does	LEADING TO DE	ATH of dving, e. (CORC	MARY THRO	MB0515	SUDDEN
	heart failu	are, asthenia, etc. It me complication which	eans the diseas	e,			
	injury or	complication which	caused deats				
		ANTECEDENT CAL	JSES	Pac	LALYSIS FIG	TANS	3 YEARS (?)
S	DISEASE	S OR CONDITIONS.	IF ANY GIVE				9 /2 // ()
Ē	RISE TO T	THE ABOVE CAUSE (A) STATING TI	HE DUE TO			
5	UNDERL	YING CONDITION	LASI.	2		^	V-020
Ī		11		101 HRIE	FIOZCLE BOS	15- CIZMER	AL 10 10 HES.
7	OTHER S	BIGNIFICANT CON	DITIONS COL				
CERTIFICATION	TRIBUTIN	G TO THE DEATH, BU	T NOT RELAT	ŁD .			
٠.		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	N	SNE					YES NO V
O		ENT, SUICIDE.	218. PL/	ACE OF INJURY (e. g., i		f in Baltimore City,	give exact location)
EDICA	HOMICIDE	(Specify)	about home,	arm, factory, street, office bldg.,	th.) INJURY OCCUR?		
Σ	21p. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY		Coul Ye	WHILE AT NOT WHILE			
			m.	WORK AT WORK			7
				deceased from G	T. 1949 to V		$\boldsymbol{6}$, that I last saw the
	deceased a	live on 5-27			rred at 9 a. m., from t	he causes and on t	
	23A. SIGNA	TURE		/	38, ADDRESS	7 140.	23c. DATE SIGNED
		Marin	1)ans	M. D.	7000 -10.	consu Atla	7-0-00
24 TI	A. BURTAL, ON REMOVAL (S	CREMA- 24B. DATE Specify)		44 NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	(State)
1.1	Burial	/_ /)	Lorraine H	Park Cem. Woo	dlawn, Md.	
	ATE RECEIVE	D BY REGISTRAL	R'S SIGNATI		25 FUNERAL DIRECTOR	1 1	ADDRESS
L	CAL REGIST	1050 Turk	inter /	Minus M.B.	W/m. K. /sa	lanes & Son	so sally,
=	JOLO	1330	0	1.12		7070-7	itin.
	VS 150	· 19.00	-	A A MOD			940
							1100



1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

3. PLACE OF DEATH:

Mary Emma Daffer

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATMaryland

Registered No

of DEATH July 4, 1950

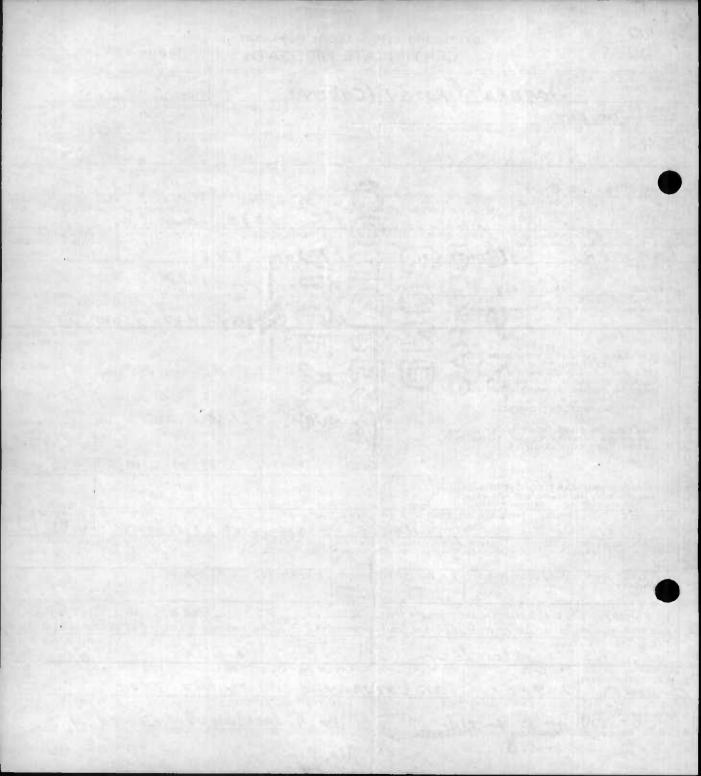
4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE, B. COUNTY before admission)

B. FULL NAME OF (If not in hospit	al or institution, give street address or	Maryland	B. COUNTY	before aumission)	
HOSPITAL OR Baltimore Cit INSTITUTION 4940 Eastern		Balt more township)			
c. th of stay in Baltimore	36 Yrs. Mos. Days	627 Grantle	rural, give location)		
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Aug. 18, 1877		Inder Year If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Abraham Shilli	ngberg	14. MOTHER'S MAIDEN NA Kathryn Virts	AME		
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or dated	FORCES? 16. SOCIAL SECURITY NO.	Records* 4940 E	ore City Hosp	Itals	
DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which complication will be complicated by the complication which complication will be complicated by the complication which complication will be complicated by the compli	f dying, e. g., ns the disease, aused death.) EES FANY, GIVING STATING THE DUE TO (C)	pertensive Heart d Failure	Disease with		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	ATION			
	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	21B. PLACE OF INJURY (c. g., is about home, farm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE MORK AT WORK	(c.) INJURY OCCUR?	f in Baltimore City, give OCCUR?	ve exact location)	
22. I hereby certify that I att. deceased alive on July 4	ended the deceased from Jun, 19 50, and that death occur	e 6 ,1950, to Ju red at5: COAM m., from th 38, ADDRESS 940 Eastern Avenu	ne causes and on the	that I last saw the date stated above.	
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 7/7/50	24C. NAME OF CEMETER	RY OR CREMATORY 240. LC		r county) (State)	
DATE RECEIVED BY REGISTRANS	s SIGNATURE	25. FUNERAL DIRECTOR		address . Salto	
VS 150				93) 114	

621 7 5923 BIRTH NO.
1. NAME OF DECEASE (Type or Print)
3. PLACE OF DEATH:
B. FULL NAME OF (

BALTIMORE CITY HEALTH DEPARTMENT

(5923 RTH NO.			CERTIFICAT	E OF DEATH	4 Regist	ered No	0360
1,	NAME OF DECEA		adN	GROSBY (C	near)	2. DATE OF DEATH	7/3/5	- ₍₎
	PLACE OF DEATH Baltimore City,			7/10307 (0	4. USUAL RESIDE	NCE (Where deceased I		ion : residence before admission)
3.	FULL NAME OF OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)	C. CITY OR TOWN	NO BAL (If outside corpora	TIMO QI te limits, write	RUKAL and give
14	()	N I VERSTY	HOSPI	TAL		HORE	4-0	township)
1	egth of stay is	n Raltimore		Yrs. Mos.	D. STREET ADDRE	SS (If rural, give locat	STREE	. — —
5.		DLOR OR RACE	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in ye	ears It Under 1 Ye	
	mahe	Nogro	MA	RRIEO.	118	88 62	Months: De	mys Hours Min.
rk	A. USUAL OCCUPA done during most of worki	ng life, even If retired)		OF BUSINESS OR INDUSTRY	11	tate or foreign country)		TIZEN OF HAT COUNTRY?
3	LABORER FATHER'S NAME		MOUS	TRAL	LIIISON.	DEN NAME		
1	DAVID	CROSE	34		HARRIET	7		
5	. WAS DECEASED EVI	R IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
					YEAR / CROS	134-4271	YSON	Sr.
	18. / 5 b	X I R CONDITION	DIRECTLY	CAUSE	OF DEATH		ON	SET AND DEATH
	LEA	DING TO DEA	TH	۲۰ , (A)	PulmonAR	V EM BOLI	san (?)	1/2 hour
	heart failure, as	thenia, etc. It mes dication which	ans the diseas	e,	/			
	ANT	ECEDENT CAUS	SES		COMMA -	SAphagous		
	RISE TO THE AL	CONDITIONS, 1 BOVE CAUSE (A) CONDITION LA	STATING TH	NG	- W.C.M. Q.3	SA Pragous		
2				Pas	t- OPERATIVE	GASTROSTO	mv	50/200
	OTHER SIGNI	II FICANT COND	ITIONS CO					
1	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	ŁO .				***************************************
	19A. DATE OF OF	ERATION 3 1	9B. MAJOR	FINDINGS OF OPER	RATION	1 0	2	O. AUTOPSY?
5	21A, ACCIDENT,	TO TO		OPERABLE ACE OF INJURY (e. g., i	F Saphag			et icention)
ב נ	HOMICIDE (Sp	pecify)	about home,	farm, factory, street, office bldg.,			Oity, give exa	ice socaeion,
	21D. TIME (Mont	h) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	INJURY		m,	WHILE AT NOT WHILE				
	22. I hereby cer				1950	? to 7/3/60		I last saw the
	dcceased alive of		d, 1950,	and that death occur	rred at A. m.,	from the causes and		
	23A. SIGNATURE	T. /2	emde	cion M.D.	UNIV. K	Lespital	7/3	DATE SIGNED
24	4A. BURIAL, CREMA	A- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	246. LOCATION (City		ity) (State)
Z	BURIAL	7-8-	50-	MT. CALUA		A. A. Co. N		
D.	ATE RECEIVED BY		S SIGNATU	JRE	25. FUNERAL DIR	ECTOR	ADDR	RESS



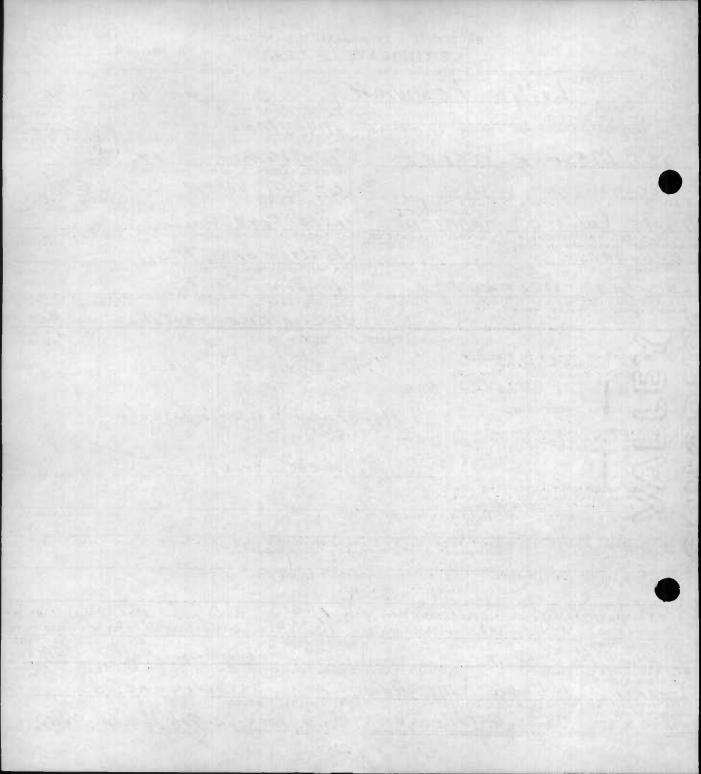
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE LILLE FENWICK OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits wate RURAL and give C. CITY OR TOWN INSTITUTION TREET DSHER 632 ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. LIFE STREET igth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9 AGE (In years) If Under 1 Year last birthday) Mouths; Days Hours: Min. LOIORED MARRIED 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY BAITIMORE. LAUNDRESS CHUMDRY mo. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARIES HMEILA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANI (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. KICE - 1805 MADISON INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO sive Candia-Vascular ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ehrosolerosis П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? ME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from July 1 / 500 19 , to July V . 19 I that I last saw the Jely 1, 19 12, and that death occurred at 4:344, m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24B. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) BAITIMORE. BURIAL 7-6-50. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR CAL REGISTRAR

VS 150

huitington / Migues

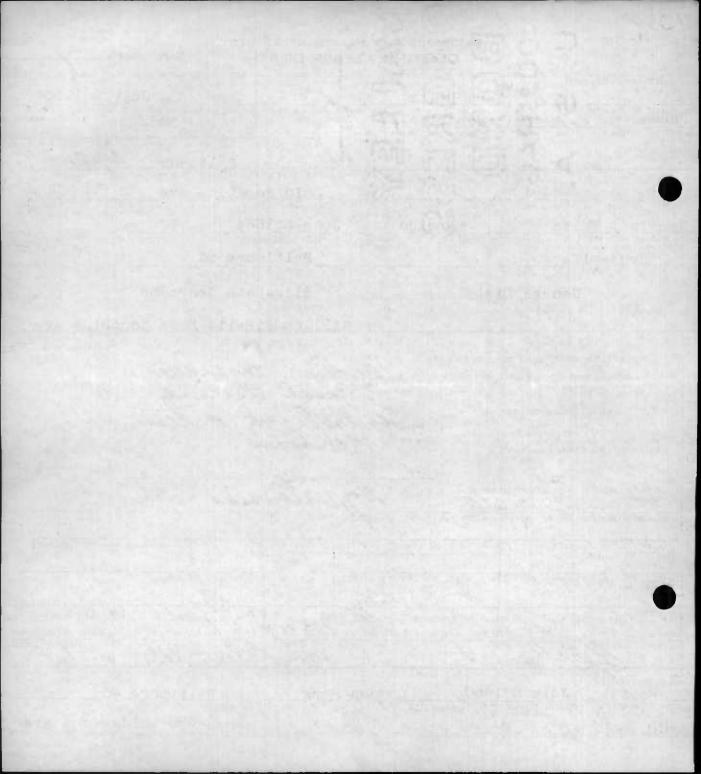
1310-

Wm. A. JACKSON-916 PENNA. AVE.



BALTIMORE CITY HEALTH DEPARTMENT 50 5925

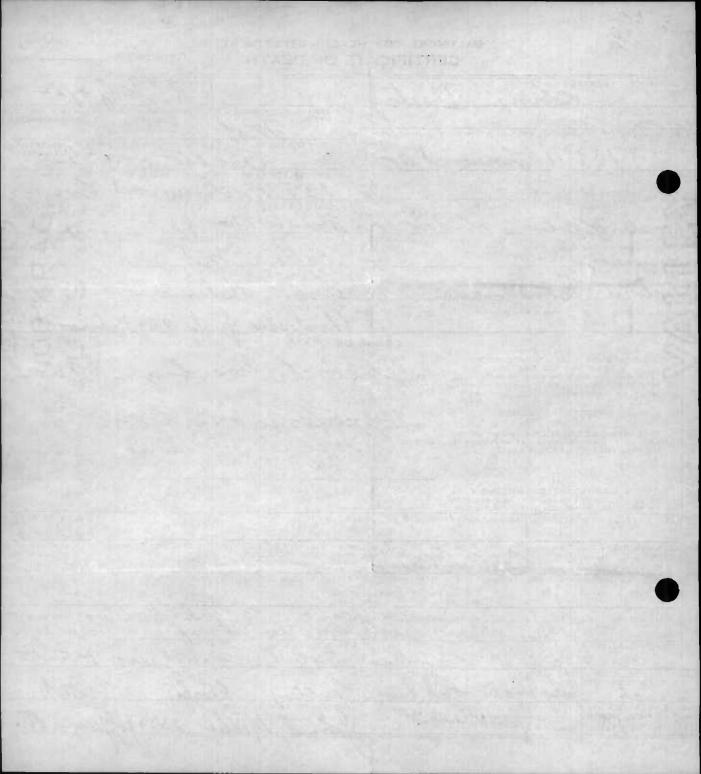
				CERTIFIC	CATE	OF DEATH	Registered	I NO.
В	IRTH NO.							
	NAME OF D 'ype or Print)	ECEASED	Marv	Baltz			2. DATE OF DEATH JU	ly 5 1950
	PLACE OF D				- 1	4. USUAL RESIDENCE	(Where deceased lived,	
	FULL NAME	City, Maryland 38		odbine Av		A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	OF (II not in hospit	at or institut		eution)	c. CITY OR TOWN	'yland (If outside corporate lin	mits, write RURAL and give
Û.	7)						Baltimore	28-0/ township)
				Life	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
c.		tay in Baltimore			Days	3813 Woodh	oine Ave	
	SEX	6. COLOR OR RACE	WIDOW	MARRIED.	(Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months Days Hours Min.
_	remale	White CUPATION (Give kind of		Married	00	June 2 1884	66	140 01513511 05
or	k done during most	of working life, even if retired)	TOB, KINL	OF BUSINESS	USTRY			12. CITIZEN OF WHAT COUNTRY
_		sewife				Baltimore		
13	B. FATHER'S	NAME				14. MOTHER'S MAIDEN	NAME	
1.5		George				Elizabeth	Schrader	
Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS
					1	Villiam F.Bal	tz 3813 Wo	odbine Ave
	18. 44	la. V		CA		OF DEATH		INTERVAL BETWEEN
	-//				D	O	0	ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	/	20	1/2 200	and Van	
	(This does	s not mean the mode oure, asthenia, etc. It mea	of dying, e. g	(A)C	un	W - 10	cucas	
	injury or	complication which	aused death	.) DUE TO	1	enal de	cease	
		ANTECEDENT CAUS	EEC			0 10	-1.	
z		ANTECEDENT CAU	523	(8)	ne	rolusto	arlesso	
0	DISEASE	S OR CONDITIONS, 1	F ANY, GIVIN	IG		00		
A		THE ABOVE CAUSE (A)		HE DUE TO	//	curres		
ũ								
		11		(C)				
2		SIGNIFICANT COND			Me	nesterna		
		G TO THE DEATH, BUT DISEASE OR CONDITION				juuuu	777	
,				FINDINGS OF	OFER	ATION		20. AUTOPSY?
Z		0						YES NO
	21A. ACCIDE	ENT. SUICIDE. (Specify)		CE OF INJURY			(If in Baltimore City	y, give exact location)
7 E								
-	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OC	COURRE	D 21F. HOW DID INJ	JRY OCCUR?	
	NJURY				TWHILE		0	
			m.		T WORK	49	X	a
		y certify that Latt				, 197, to		that I last saw the
	deceased a		_, 19,	and that death		redatm., from	n the eauses and on	the date stated above
	23A. SIGNA	TURE		_	2:	BB. ADDRESS	-f- 114	23c. DATE SIGNED
_		Contraction Contraction	130		. D.	7/10 2-24	me mes	1/6/50
TI	ON, REMOVAL	CREMA- 24B. DATE Specify)		24C. NAME OF C	EMETER	RY OR CREMATORY 245	LOCATION (City, tov	wn, or county) (State)
	Buri		1950	Lat	idon	Park	Baltimore	Md
	ATE RECEIVE		SSICINATI	Atlantic My	F.	25 FUNERAL DIRECTO		ADDRESS
_	DCAL REGIST		A		1	Varra H. Hising	4204 R1	dgewood Ave
-	JUL 6 -	1950			- Or	A Comment	1	
	VS 150					K	/	1312



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5926 Registered No.

	pe or Print)	en Fraita		OF DEATH	4/50
	PLACE OF DEATH: Baltimore City, Maryland	7	4. USUAL RESIDENCE (WHA. STATE	ere deceased lived. If institut	tion: residence before admission)
		al or institution, give street address or	ma.		
IN	STITUTION 139 M	line location)	C. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give township)
0		Yrs.	o. STREET ADDRESS (If re	iral, give location)	0
	Length of stay in Baltimore	Mos. Days	139 7. 2	inwood 4	lve.
7	emale White	WIDOWED, DIVORCED (Specify)	Mar. 26-1870	9. AGE (In years If Under I Y last birthday) Months D	Bays Hours Min.
ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for		HAT COUNTRY?
13	FAJHERS NAME		14. MOTHER'S MAIDEN NA	ME.	
1	Parles a. Salmer	land and	Anna Flore	the	
15 Yes	WAS DECEASED EVER IN U. S. ARMED	D FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S
			Christopher My	Tu 139 71. In	wood are
	18. 443 X	. CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEAT		1. 1 1/10.		1 1
	(This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complete the complex of the comp	of dying, e.g., (A)	gral Henco	narge	4 weeks
	ANTECEDENT CAUS	SES //	estan -	0 1	
2014	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE OUE TO	restensing a		7
		(C)			
2	OTHER SIGNIFICANT CONDI	ITIONS CON-			
3	TO THE DISEASE OR CONDITION				
J.	19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		O. AUTOPSY?
2	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about herre, farm, factory, street, office bldg., e		in Baltimore City, give ex-	act location)
7		Mone			
	TIME (Month) (Day) (Year)	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCURY	
	22. I hereby certifa that I att	m. work AT WORK tended the deceased from	ril 28 19500 G	ely 4, 195 Ohat	t I last saw the
1	deceased alive on July 3	, 1950 and that death ofeur			
	23ATSIGNATURE . Traversion	James (eslino) 2	540 n. Lin	wood ave 7	-5-50
	A BURIAL CREMA- 2AB PATE N. REMOVAL (Specify)	50 Can Jaun	RY OR CREMATORY 24D. LO	CATION (City, town, or cour	Md. (State)
	THE RECEIVED BY REGISTRAR	- PULLE ZILLA MENE	ohn a. Miller	J334 Jolles	soft.
V	VS 150	in made the second of		011	927
					10/



3	00	
U	5927	
BIR	TH NO.	

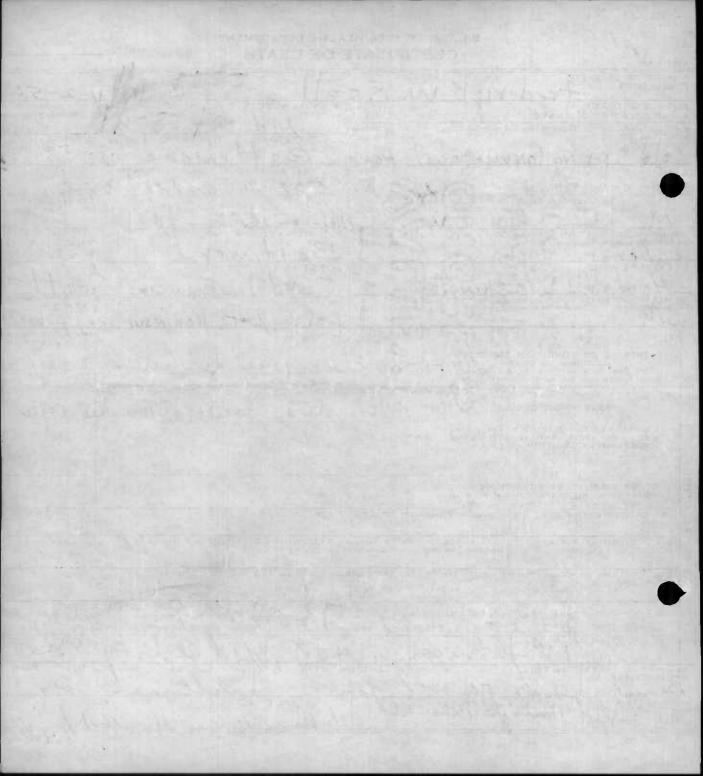
BALTIMORE CITY HEALTH DEPARTMENT

50 5927 Registered No.

BII	RTH NO.	CERTIFICAT	E OF DEATH		
1. (T)	NAME OF DECEASED type or Print)	1 W. 50	off	2. DATE OF DEATH	11-2-50
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institu		A. STATE	CE (Where deceased lived, If B. COUNTY	institution: residence before admission)
HC	STITUTION	location	c. CITY OR TOWN	1 (If outside corporate limit	s, write RURAL and give township)
6	TOTAL SPRING CONVALES	CEN HOME Yrs. Mos.	D. STREET ADDRES		2160
5.		LE, MARFIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year Il Under 24 Hours
10	MIC	WED, DIVORCED (Specify	Jul-13-18	800 90	nths Days Hours Min.
rork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	ateu	14. MOTHER'S MALE	DEN NAME	Catt
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? i, no prunhnown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	12 MANCIES	DDRESS 02-E
4	WK		Georgee E	Ha RODINSON	INTERVAL BETWEEN
	18. 725× 1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase, (A) Fue	usson	ig bruws	laday a
	injury or complication which caused dea	th.) DUE TO	. 0- //	, +	
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV	(B)	villes, é	ow exextrem	dies 142
CATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
드	п	(C)	/		
CER	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
CAL		R FINDINGS OF OPE	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT. SUICIDE. 21B. Pl HOMICIDE (Specify) about hom	LACE OF INJURY (e. g., e, farm, factory, street, office bldg.	in or 21C. WHERE DII INJURY OCCUR		give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCUR!	E	NJURY OCCUR?	
	m.	WORK AT WORK	2 50	10 And 105	that I last saw the
	22. I hereby certify that I attended the	and that death occi	erred at 4 30,P	from the causes and on t	
	23A. SIGNATURES ON	uoon M. D.	403 M	ed arts &	19 7.5.50
	AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	24c. NAME OF CEMET	ERY OR CREMATORY	Belt Country	pr county) (State)
DA	ATE RECEIVED BY REGISTRAR'S SIGNAL PROPERTY OF THE PROPERTY OF	Villians, Mil	25. FUNERAL DIRE	CTOR OJL	ADDRESS
=	VS 150	Autoria de la companya della company	- and	uning Home.	- Helling

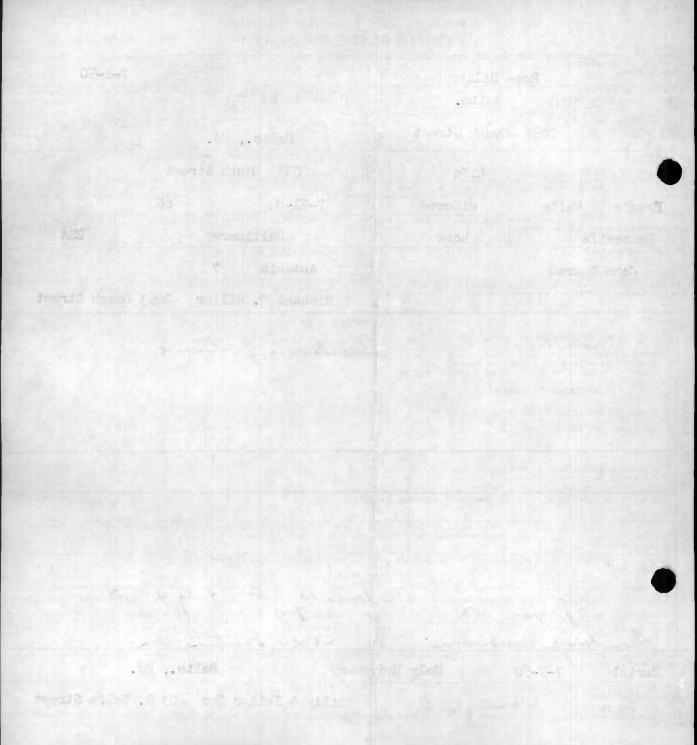
97099

59B.



小小ではずまずれずのでの

46/2



455											
BALTIMORE CITY HEALTH DEPARTMENT 50 5929 CERTIFICATE OF DEATH Registered No.											
	NAME OF D	ECEASED	Paul L	. Kilman	2. DATE OF DEATH July 4, 1950						
Α.		City, Maryland	Balt	o tion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)						
H	FULL NAME DSPITAL OR STITUTION	Mercy Hospita		Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 3-02 township)							
P	north of s	tay in Raltimore		Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1109 E. Baltimore St.						
5. X 6. COLOR OR RACE 7. SINGLE, MARK WIDOWED DIV			E, MARRIED, WED DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (In years) If Und				of l Year s Days	If Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS O INDUS					11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					COUNTRY	
13	. FATHER'S N		i Kilmo	n	14. MOTHER'S MAIDEN NAME Lillian Kapple					A.	
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	Mrs Lillian Kilmon, 1109 E. Balto. Street					Street	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CON-										
CEF	TO THE D	S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	N CAUSING		ATION			20. A	UTOPSY?		
EDICAL	21b. TIME (OF INJURY)	NAL CAUSE WAS G TO OR CONTRIB CAUSE OF DEATH (Month) (Day) (Year 2, 1950) (Hour)	ACE OF INJURY (e. g., Inform, factory, street, office bldg., o Harbor 21e. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	Pier #6 Pratt St. ED 21F. HOW DID INJURY OCCUR? Fell off pier into harbor						
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry the Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and dgath in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undete									ited above, icd .	
	23A. SIGNA	ruley H.	Du	elacher M.	236. CHIEF MEDICAL EXAMINER			v 5.	950		
24 TIC	N. REMOVAL	7-8-5	0	Schwartz's	RY OR CREMATORY		altimore,		county)	(State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR LILLY & Zeiler, Inc 403 S. Wolfe Street											
V	S) 1510 1	N-990	X						183	31	

to the miles, 110 1. Inles. Street BOTTOME, 181. title Algorian ind C. Tolio Birock:

	200	es y has			50	Saca		
-	5	5930	BALTIMORE CITY I	HEALTH DEPARTMENT	50			
ВІ	RTH NO.	9-14047	CERTIFICA	TE OF DEATH	Registered No.			
	NAME OF D ype or Print)		Irene S. Sieg		2. DATE OF DEATH 7-5-50	0		
A.		311 38 1 7	Baltimore al or institution, give street address	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)				
HC	SPITAL OR STITUTION		Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Balto. Md. 5-07 township)				
0	eth of s	tay in Baltimore	Yrs Not Day	D. STREET ADDRESS (If rural, give location) 1807 N. Monroe Street				
5.	SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci Infant	8. DATE OF BIRTH		No I Year Hours Hours Min.		
		CUPATION (Give kind of of working life, even if retired)		Balto. Md.		CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S		nk Sieg	14. MOTHER'S MAIDEN NAME Irene Hartlove				
15 Yes	, was DECEASI	ED EVER IN U, S. ARMEI (If yee, give war or date	D FORCES? 16, SOCIAL SECURITY NO	17. INFORMANT ADDRESS Frank Sieg 1807 N. Monroe Street				
	(This does heart failt	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mea complication which		to personal 1	naliquancy	INTERVAL BETWEEN ONSET AND DEATH		
CATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
RTIFI	OTHER S	II SIGNIFICANT COND						
CE		S TO THE DEATH, BUT						
AL	19A. DATE C	OF OPERATION 1	19B. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?		
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		If in Baltimore City, give	1		
Σ	21b. TIME INJURY	(Month) (Day) (Year)) (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI		Y OCCUR?			

22. I hereby certify that I attended the deceased from. deceased alive on 7-5, 1950, and that death occurred at 6

Lilly & Zeiler, Inc, 403 S. Wolfe Street

, 19 50, to 7 - 5 , 1950, that I last saw the Am., from the causes and on the date stated above. 23c. DATE SIGNED

7- 8-50

24c. NAME OF CEMETERY Baltimore

AD. LOCATION (City, town, or county)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Baltimore, Md.

11 .7 MARIE . st., ories 000000 . St. . walled . Frunk Show Endy n. Journe Street the second second

BALTIMORE CITY HEALTH DEPARTMENT

50 5931

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mildred A. Gummer DEATH July 5th.1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 3213 E. Fairmont Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location Life 217 So. Robinson St. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Female White Oct.19th.1901 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adaline Guthrie Edward V. Frver 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Adaline Fryer 639 S. Curley S INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ensue cardiovainela 2 yrs. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT 22. I hereby certify that I attended the deceased from 11-21, 19/2, to 7-5-, 1952, that I last saw the deceased alive on 7-5- 1953, and that death occurred at 1022 Am., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, PREMA-TION, REMOVAL Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Baltimore Nd ADDRESS Burial 748-1950

Holy Redeemer

A SHE SHOULD SHOULD BE SHOULD IN

REGISTRAR'S SIGNATURE

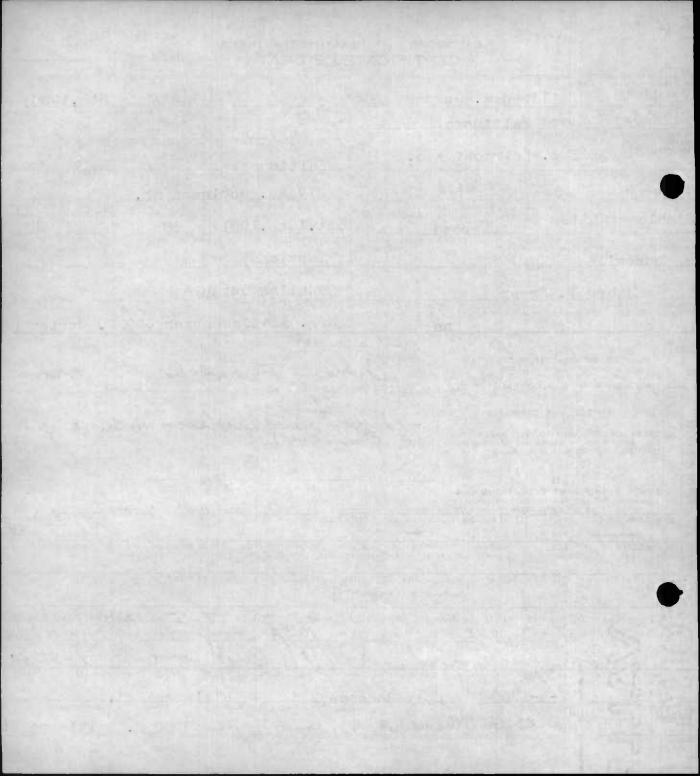
VS 150

DATE RECEIVED BY

0126 = 1950°

John 3000 E. Baltimore St

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) July 4, 1950. ISAAC P WISNER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 919 S. Conkling St. B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore p. STREET ADDRESS (If rural, give location) About 13 Yrs. Mos. gth of stay in Baltimore 919 S. Conkling St. Days 6. COLOR OR RACE 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) December 5. 1869 Male White Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Retired Machinist. Lancaster, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Reikerindig Joseph Wisner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Elmer Wisner 919 8. Conkling St. No None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cho. My cerditio LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 ALITOPSY EDIC 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from year 5 1948 to July 4 , 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 9:30 Presson the causes and on the date stated above. 23A. SIGNATURE 3218 24A. BURIAL, CREMA TION, REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) Burial July 7, 1950 Greenmount Cemetery York, Pa. ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR Sealer 901 S. Conkling St. huntre alon / telle e star of page of

The Market of the Control of the Con Aller By our live The state of the s The Control of State 1. NAME OF DECEASED

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

MARIA F. BOSWELL

Registered No.

2. DATE

OF

July 5, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4011 Kathland Ave. Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. 4011 Kathland Ave. gth of stay in Baltimore Dave 9. AGE (In years last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female white single Feb. 14, 1870 80 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF Pookkeeper (rtd) INDUSTRY WHAT COUNTRY? Alma Mft. Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fielder Bowie Boswell Lucy Gantt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Mr. Ingle Boswell - 4011 Kathland Ave. INTERVAL BETWEEN 18. 22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardin Druffing LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CERTIFICAT (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from VVNE , 1950, to July 5, 1950, that I last saw the deceased alive on UVIV 3, 1950, and that death occurred at 4 h.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / Loudon Park Cem. Burial Balto. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

Dennie of the colored

doing 2 52

B. FULL NAME OF

18.

CERTIFICATION

EDICAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs. Mos.

Davs

A. STATE

Md.

Baltimore D. STREET ADDRESS (If

8. DATE OF BIRTH

Unknown

17. INFORMANT

1003Walnut

March 30,187

11. BIRTHPLACE (State or f

14. MOTHER'S MAIDEN N

Mrs. Lila King

50 5 Registered No.	
2. DATE OF DEATH UNDERSTORM Vhere deceased lived. If ins	
B. COUNTY	before admission
rural, give location)	04 township
9. AGE (in years if Un last highday) Mont	der I Year If Under 24 Hou hs Days Hours Min
oreign country)	2. CITIZEN OF WHAT COUNTR
AME	
,1003 Walnut	
That I fall	ONSET AND DEAT
ibosis	
terioscleration disease.	
austair.	
is	
	20. AUTOPSY?
	YES NO

1. NAME OF DECEASED (Type or Print) Paul Clifton King 3. PLACE OF DEATH 4. USUAL RESIDENCE (

A. Baltimore City, Maryland (If not in hospital or institution, give street address or C. CITY OR TOWN

INSTITUTION 1003 Walnut Ave.

Life gth of stay in Baltimore

6.COLOR OR RACE 7. SINGLE, MARRIED ATTIEU DIVORCED (Specify) White

Tale 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

To thing "Clerk Daniel 13. FATHER'S NAME

King 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A, DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from 28

deceased alive on 3 9 1950, and that death occurred at 3:50 Pm., from the causes and on the date stated above. 23 SIGNATURE

24B. DATE 24¢./NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURISE Lorraine Pk.

DATE RECEIVED BY REGISTRAR'S SIGNATURE 24D. LOCATION (City, town, or equity)

21c. WHERE DID

INJURY OCCUR?

1950 to 3 July

21F, HOW DID INJURY OCCUR?

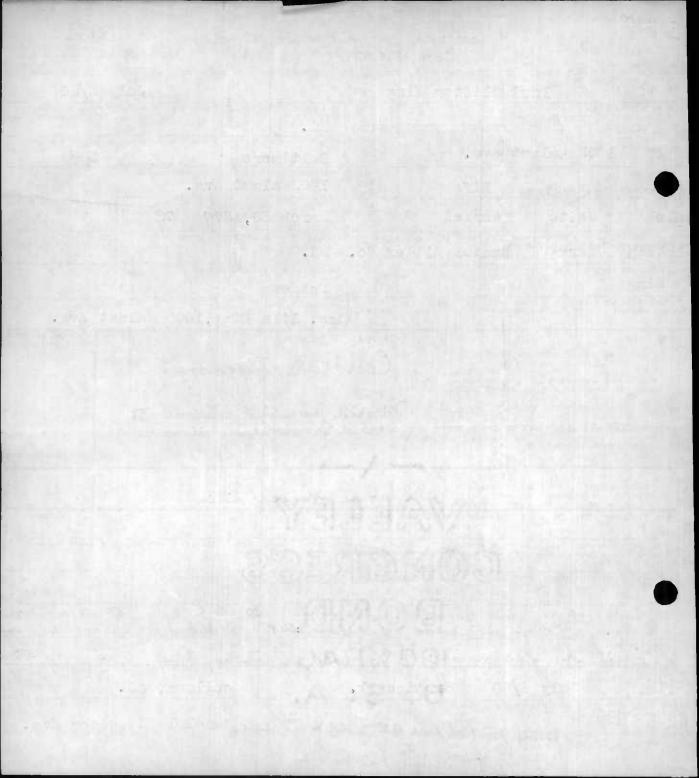
Woodlawn, Md.

ADDRESS Edmondson Ave.

VS 150

, 1950 that I last saw the

5 July 50

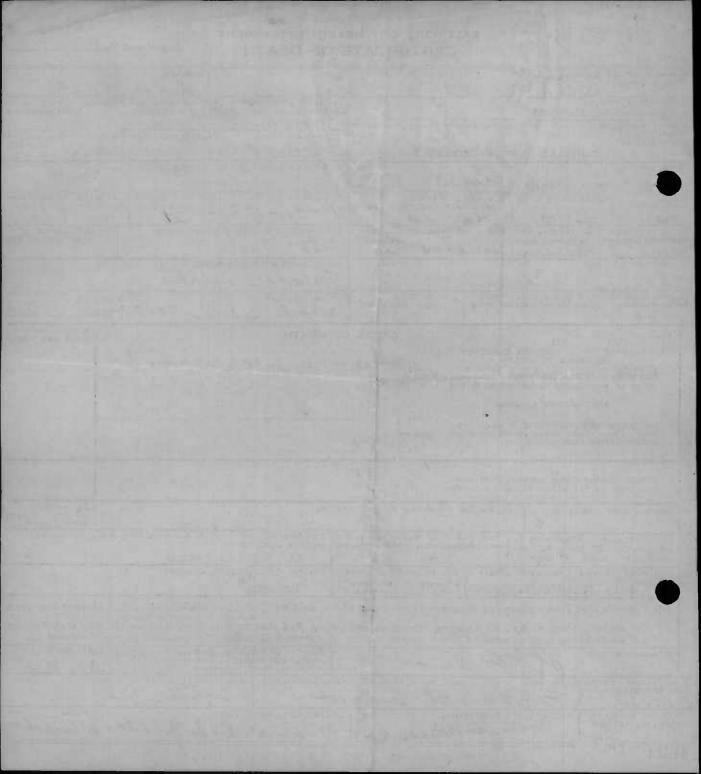


50 5935 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Helen V.Snider 4. USUAL RESIDENCE (Where deceased lived, If institution; residence, 3. PLACE OF DEATH: B. COUNTY THE (before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Linthicum Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Maple Days 6. COLOR OR RACE 9. AGE (In years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10-30 Married 56. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION OF STATE OWN HOME 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY: Housewil lew york. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. O'Neill ane. Elliott 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unbown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS SECURITY NO. No Hospital record INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, entricle injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATIONA 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 6-30-50 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK . 1950 and that death occurred at 3 3 m from 22. I hereby certify that I attended the deceased from. , 19 5, That I last saw the deceased alive on 7-4 m.m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE ashimo 24A. BURIAL. CREMA-24B, DATE 2AC. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) TION, REMOVAL (Specify) Burial July DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 101 Edmondson Ave. 150

Letter in document file 50 - 5935 - 7/27/50.

	26-	3						50	50	00
10-	50	593	36	ВА	LTIMORE CITY HE	EALTH DEPART	MENT		59	ŰĐ
В	RTH NO			,	CERTIFICATI	E OF DEAT	Н	Registere	d No	
1. (7	NAME OF D	GLOF		CHARDS	ON			2. DATE OF DEATH JU	lv 3.	1950
	PLACE OF DI Baltimore C	EATH:				4. USUAL RESIDE	NCE (WI		. If instit	
В.	FULL NAME			al or institu	tion, give street address or location)	Maryland	(74			
	ISTITUTION	Fran	ıklin Sqı	are Ho		c. CITY OR TOWN Baltimore	,	utside corporate li	mits, wri	te RURAL and give township)
	South of or			Zel	Yrs. Mos.	D. STREET ADDRE	ess (If r		16	-04
5.	SEX SEX		Baltimore OR OR RACE		E. MARRIED.	2009 Harl			If Under 1	Year If Under 24 Hours Days Hours Min.
	female	col	ored	40. 4	VED, DIVORGED (Specify)	1-31-1	929	21	Months	Days Hours: Min.
work	A. USUAL OCO	f working !	ON (Give kind of ife, even if retired)	acm	Pad INDUSTRY	But ' n	State or for	eign country)	12.0	WHAT COUNTRY
13	FATHER'S N		1 1			14. MOTHER'S MA	IDEN NA	ME	1	
(charle	20	Ache	ren		Matel	- Cu	crleo		
	, no or unknown)		IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	chere	~ 2009	Har	lam are
	18.	981	v .		CAUSE	OF DEATH				NTERVAL BETWEEN
	DISEAS		CONDITION NG TO DEA							AND DEATH
	heart failu	not me	an the mode onia, etc. It mea	of dying, e. ns the disea	se,	wounds of ch	lest ar	nd brain		
			ation which		h.) DUE TO					
		ANTEC	EDENT CAUS	SES	(8)	·····		***************************************		
JO.	RISE TO T	HE ABOV	NDITIONS, I	STATING T						
AT	UNDERLY	ring C	ONDITION LA	ist.	(C)	•1100000000000000000000000000000000000		************		
ERTIFICATION	OTUER 6	ICNIEL	II CONDI	TIONS CO	M		372.119	7 - 11 7		
RT	TRIBUTING	TO THE	CANT COND! E DEATH, BUT OR CONDITION	NOT RELAT	ED					********************************
Ü	19A. DATE O				FINDINGS OF OPER	ATION				20. AUTOPSY?
AL			105.11/4.0	1 218 PI	ACE OF INJURY (e.g., in	or 21c. WHERE D	ID (If	in Baltimore Cit	v. give e	YES X NO X
DICAL	21A. EXTERNUNDERLYING UTING C	G 🛛 OI	R CONTRIB.		farm, factory, etreet, office bldg.,		R?		,, 8	,
ME			(Day) (Year)	(Hour)	home 21E. INJURY OCCURR					
	Jul;	у 3,	1950 9.3	Op. m.	WHILE AT NOT WHILE	x Firearm	s			
	22. I certif	fy that	I took char	ge of the	remains described a	bove, held an		opsy		ereon and from
	the evi	denee o	obtained by my opinion	said Aut	opsy, Inspection or I from: natural causes	'nquiry, find that	said dec	nspection or Inqui ceased died on], homicide 🔀	the da	y stated above ermined □.
	23A. SIGNAT	TURE	RX	Frol	Re- M	238. CHIEF ME ASSISTANT MI .D. MEDICAL INV	EDICAL E		July	4. 1950
	4A. BURIAL. CON. REMOVAL (S		248. DATE	50		RY OR CREMATORY		CATION (City, to	wn, or co	unty) (State)
	ATE RECEIVED		REGISTRAR'	S SIGNAT	-	25. FUNERAL DIR	ECTOR	0 0	ADI	DRESS + 1/1
L	DCAL REGIST	RAR	Thurt	water	Williams 11 -	Trough &	· Kor	ko. 1 13	104 4	· Central (4)

увья - 1950 - 853. 4 6904L 166



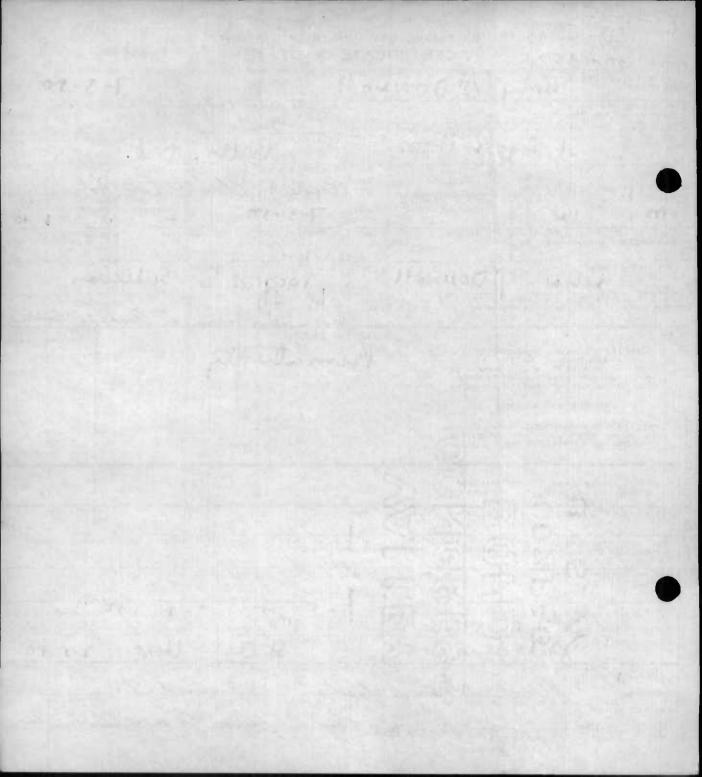
P 193	52		CERTIF	FICATE CORR	ECTED_	8-16-50	47	a
//	50	5937	BAL	LTIMORE CITY H	EALTH DEPA	RTMENT	50	5937
BIRTH NO.				CERTIFICAT	E OF DEA	ATH	Registered	No.
1. NAME OF (Type or Prin		ANNA	R.,	RobINSON		No real	2. DATE OF DEATH	ly 4.1950
3. PLACE OF A. Baltimore		Maryland			4. USUAL RES	SIDENCE (Whe	ere deceased lived,	Vinstitution; residence before admission)
B. FULL NAM	E OF		al or institut	ion, give street address or location		not.		
INSTITUTION	1 / //	burton	husse	in Home.	c. CITY OR TO	WN III ou	tside corporate Im	nits, write RURAL and give township)
	,,,,,,,			Yrs.	D. STREET AD	DRESS (If run	ral, give location)	/ 4
c igth o	f stay in	Baltimore		Mos. Days	4312	Falle Ro	<i>l</i> .	
5. SEX	6.COL	OR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BI	RTH S	last birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
Female	w	lute	ma	ned		1909	41	
ork dooe during m	ost of working	ION (Give kind of life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPEAC	CE (State or fore	ign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER	S NAME				14. MOTHER'S	MALDEN NAM	F	
	1	John A	. A. M	iller	Jennie H			
15. WAS DECE	ASED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN			ADDRESS
	(0.5		or sorvice)	SECURITY NO.	Benjame	i W. Role	man 4312	Falla Rd.
18. 3.	557	4		CAUSE	OF BEATH			INTERVAL BETWEEN
DISI		CONDITION		1	Me .	1 1 1 1		
heart f	loes not m ailure, asth	ean the mode of enia, etc. It mea cation which c	of dying, e. : ns the diseas	se,	MYDEARS		RE	July 2. 1850
	ANTE	CEDENT CAUS	SES +	7,1	. 0	r , .	, , ,	
DISEA	SES OR C	ONDITIONS, II	E ANY GIVII	(B) BILATE	RAL PREF	RUNTAL .	Lobetomy	- May 26. 1950
RISE T	O THE ABO	OVE CAUSE (A)	STATING TI					
2								
07115	e eleme	II COND	TIONS	(C)				
I TRIBUT	ING TO TH	ICANT CONDI HE DEATH, BUT OR CONDITION	NOT RELAT	to Psuchar	is - Schize	PHRENIC	2	
		RATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?
3 211 166	DENT. SU		ORMEN				Tha logean	yes No
HOMICID				ACE OF INJURY (e. g., farm, factory, street, office bldg.,			m Daitimore City	, give exact location)
		(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW	DID INJURY C	OCCUR?	
MANUE	₹Y		m.	WHILE AT NOT WHILE				
22. I her	cby certs	ifu that I att	anded the	deceased from VA	N Z/ 1	950, to JE	14 4 . 19	D; that I last saw the
deceased	alive on	Ja142	, 1950	and that death occu	rred at 525A		-	the date stated above.
23A. SIGI	NATURE	- 6	7.	1	238. ADDRESS	1 12.06	1	23c. DATE SIGNED
24A. BURIAL	. CREMA-	24B. DATE		24c. NAME OF CEMETE		RY 240. LOC	CATION (City, tow	n, or county) (State)
REMOVAL	(Specify)	7/7/3	50	Alexander H	3 23. (93	hurch	ellers med	
DATE RECEI	VED BY	REGISTRAR'	S SIGNATU	JRE .	25. FUNERAL	DIRECTOR	1	ADDRESS
LOJUL REG	- 1950	Par and Marie	+ 11	11.	Rul El	Lenamet	Sh. 3615-17	Chestual ber
VS 150	1000	- Simulation	198-119	Color Alle		in 1 2 0	2006	· 475
	DRFI	Recoon	m-12. 26	A CALIFA STATE OF THE STATE OF	PNe	SMOENCE	eranio	19:10/1

RIS 2 2 2 3 The Color about Tollar Edition the founder Laborary - my survey Prederic Chieropherine and the second of 1= 61. A TOTAL PROPERTY OF THE PARTY O

	HEALTH DEPARTMENT X 50 59 TE OF DEATH Registered No.)38
1. NAME OF DECEASED BANG O'DUNNE	2. DATE OF DEATH	5-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Aques Hosp.		rite RURAL and give
Yrs. Mos. Days	D + 1 000 + 10.47	d.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in yours If Unde	Year H Under 24 Hours B Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME SOLN O' DONNELL	14. MOTHER'S MAIDEN NAME SACQUELLU	an
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMAND ADDE	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	maluru	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! INJURY MHILE AT NOT WHILL AT WORK AT WORK	E	
deceased alive on 19 and that death occur		hat I last saw the
23A. SIGNATURE Solution M. D.		3c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET TION REMOVAL (Specify) 7/7/30 hew bath	Lectual Frederick al.	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR AE	DDRESS
Mys 60 1950 unto you Allians, HAS	San C certionelly , 5454) Ele	executives.

a the second second second second

JUL 6- 1950



ama & 11sh June 16-47

7	Med & facus Case Released & Hop, 50 5940 BALTIMORE CITY HEALTH DEPARTMENT Registered No. SIRTH NO.						
	NAME OF C	ECEASED M	Uli	am Po	221	2. DATE OF DEATH July	5.1958
A.	PLACE OF D Baltimore (City, Maryland	Cechital or institut	Pro MU	4. USUAL RESIDENCE		titution: residence before admission)
H	SPITAL OR STITUTION	JOHNS HOPK		location)	C. CITY OR TOWN (I	f outside corporate limits, w	vrite RURAL and give township)
С	gth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS U	rural, give location)	od
5.	Male	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Month	er l Year II Under 24 Hours as Days Hours Min.
worl	dooe during most	CUPATION (Give kind of working life, even if retired	10B-KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Celo Pen	200		14. MOTHER'S MAIDEN N	NAME YILL	12/1
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARME (If yea, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS I	HUPKINS HUSPITEL ADD	RESS
	1B. 56	1,5		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	TH of dying, e.g ans the diseas	e.	LATTON PINEW	rowns	2 mm
Z	DISEASE	ANTECEDENT CAU		(D)	BTIMPIL OF	STRUCTUS	3 DAYS
RTIFICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A) /ING CONDITION L	STATING TH	E DUE TO	MIGULATED	MERNIA	30945
CERTIF	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			h
AL	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	1	CE OF INJURY (e. g., in earm, factory, street, office bldg., e	o or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
~	2 ID. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	y certify that I at			-5 - 19 5 to 7		hat I last saw the
	23A. SIGNA		RI	and that death occur	3B. ADDRESS /	the causes and on the	acte stated above.
	NA. BURIAL.	CREMA- 24B. DATE (peoffy)	50	24C. NAME OF CEMETE	and the first of the same	OCATION (City town, gr	county) (State)
B/ Lc	ATE RECEIVE		SSIGNATU	IRE	25. FUNERAL DIRECTOR	were said	DDRESS
H	L 6 - 195	1 tuting	ton Mille	auce, Hull	t. COUDE	on your	f, 10a.
0	10 be	appro	red	by me	L Eyam	/	220

NOT A MEDICAL EXAMINER'S CASE

REFERENCE D.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO

A STATE OF A STATE OF THE STATE

Land E A Grand / Management

2 K.

.5 + 6.

+	50							
	5941					OF DEATH	Registered No.	0 5941
(T	NAME OF D Type or Print)	Joh	ın Tl	nomas	Flynn		of July 4,	1950
Α.	Baltimore (City, Maryland	al or inctitut	ion give stree	t adduses ou	A. STATE Md.	here deceased lived. If ins	titution ; residence before admission)
H	OSPITAL OR	3900 Park I			location)	c. CITY OR TOWN (If Baltimore.	outside corporate limits,	write RURAL and give township)
c.	gth of s	tay in Baltimore	life		Yrs. Mos. Days	D. STREET ADDRESS (If a 3900 Park)	rural, give location) Heights Ave.	
N	sex lale	6.COLOR OR RACE White	Widow			June 23, 1876	9. AGE (In years last birthday) Mont	der 1 Year hs Days Hours Min.
wor]	Vice Pr	CUPATION (Give kind of of working life, even if retired) esident	108. KINE		SS OR NDUSTRY	11. BIRTHPLACE (State or for Baltimore, Mo	d.	U.S.A.
13	FATHER'S		el F. I	Jlynn,		14. MOTHER'S MAIDEN NA Mary Kane		
1 5 (Ye	NAS DECEAS: no or nnknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECUR 217-14-	ITY NO.	17. INFORMANT Mr.John T. Flyns	ADD	RESS
	18. 42	0.1.	CHI			OF DEATH		INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode of the control of	TH of dying, e. a	e,		Coronary Thrombo	sis,	3 Odays
ERTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION L	F ANY, GIVIN	(B) NG HE DUE TO		Arteriosclerosis	, Generalized	
CERTIFI	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED .				
AL	19A, DATE C	F OPERATION 0 1	9в. MAJOR	FINDINGS	OF OPERA	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJU			f in Baltimore City, give	e exact location)
2	21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY	OCCURRE NOT WHILE	D 21F, HOW DID INJURY	OCCUR?	
	22. I hereb	y certify that I att				red at 3:30 Pm., from the	uly 4, 19.50, he causes and on the	that I last saw the date stated above.

Charles W. Walker Av. & Reistward Pikesville, 7/

24A. BURIAL CREMATION, REMOVAL (Specify)
burial

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

LOCAL REGISTRAR

LOCAL REGISTRAR

LOCAL REGISTRAR'S SIGNATURE
LOCAL R

23B. ADDRESS

VS 150 2 907

14a

23c. DATE SIGNED

THE REAL PROPERTY AND ADDRESS OF A PARTY. MTARQUEO STRADIENTES

6	50

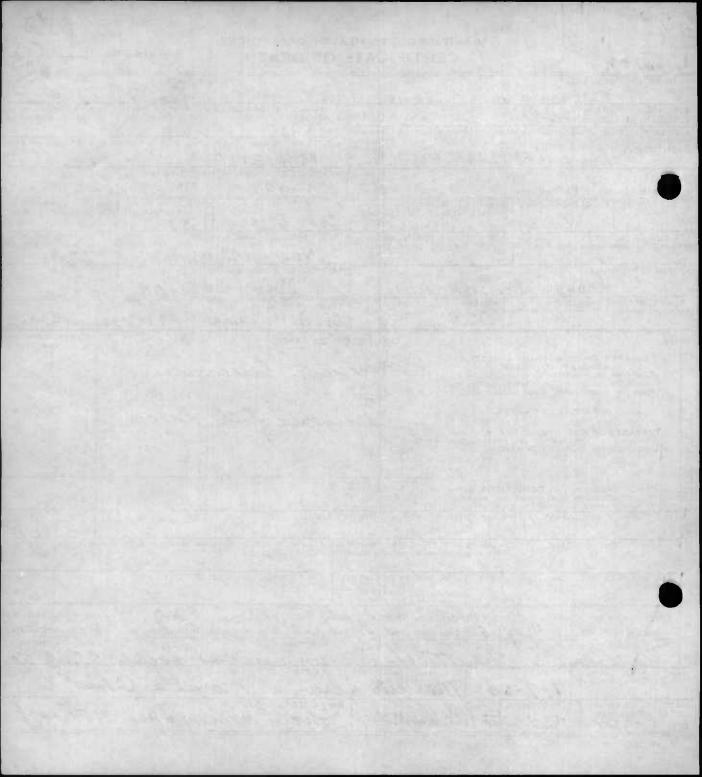
50	5942
0	

	BALTIMORE CITY HE	EALTH DEPARTMENT		
BIRTH' NO.42	CERTIFICATE	E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print) ELIZABETH 6	FILLET CORWIN (MRS CLIFFORD E)	DATE OF 7 /6	150
3. PLACE OF DEATH: A. Baltimore City, Maryland		4, USUAL RESIDENCE (When	e deceased lived. If institution	on: residence pefore admission)
	l or institution, give street address or location)	0410	V-32	
	ORIAL HOSPITAL		side corporate limits, write l	RURAL and give township
T UNION MILEY	Yrs.	O. STREET ADDRESS (If rure	al, give location)	
gth of stay in Baltimore	Mos. Days		TH STREET	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	. AGE (In years 11 Under 1 Year last birthday) Months; Da	at Hours Min
F WHITE	WIDOWED D	SEPT 6,1866	83	y a literary
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		TIZEN OF
HSWF.			SHIRE U.	5. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
KODNEY M	. JTIMSON	JULIA JH	EPPARD	
15. WAS DECEASED EVER IN U.S. ARMED (1f yes, no or unknown) (1f yes, give war or dates or	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	A ~
		DR. A. H. CORWIN		
18. // OX	CAUSE	OF DEATH		ERVAL BETWEEN
DISEASE OR CONDITION D	H Mota	-th Com		
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	dying, e.g., (A)	static Careno	ma	**********************
ANTECEDENT CAUSE	ES C		20	
DISEASES OR CONDITIONS, IF	(B)ara	cuoma of the	KKLUST	***********************
RISE TO THE ABOVE CAUSE (A) ! UNDERLYING CONDITION LAS	STATING THE DUE TO			
u	(C)			***************************************
OTHER SIGNIFICANT CONDIT	NOT RELATED			
	B. MAJOR FINDINGS OF OPER	ATION	20	O. AUTOPSY?
			YE	NO P
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		n Baltimore City, give exac	ct location)
210. TIME (Month) (Day) (Year) ((Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY O	CCUR?	
INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I atte	ended the deceased from	ely , 150, to	6 July , 195 What	I last saw th
	, 19 5 (), and that death decur			
23A. SIGNATURE	B # 1 2	3B. ADDRESS	2 2 1 1 23c.	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	ATION (Vay, town, or poyer	(State)
TION, REMOVAL (Specify) 7-9-5			ietta Ohio	,

LOCAL REGISTAR

7-9-50 Marietta
REGISTRAR'S SIGNATURE
Thutington Milliams, Marietta

とうないない できるとうないから



324 0 5943 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.		CF	ERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	MATILDA &	MITCHE	h-L		DEATH 7.4.	-50
	PLACE OF D	EATH: City, Maryland		A SAME OF THE SAME	4. USUAL RESIDENCE (W	Where deceased lived. If inst B. COUNTY	titution: residence before admission)
В.	FULL NAME		al or institution,	give street address or	1		
IN	STITUTION			location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
	4 12	DN SECOUR	5 140	BALLAGE	DALTIMORE	20 0	00
-		4 ' D -11'		Yrs. Mos.		rural, give location)	
c.	gth of s	tay in Baltimore	7. SINGLE, M	Days	8. DATE OF BIRTH	JOSTA BYE.	er 1 Year If Under 24 Hours
, -,	F	W.A.		DIVORCED (Specify)	10-7-01	last birthday) Month	
10	A. USUAL OC	CUPATION (Give kind of	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	CITIZEN OF
work	1	of working life, even if retired)		INDUSTRY	MI		WHAT COUNTRY?
13	FATHER'S		171.	Tome	14. MOTHER'S MAIDEN NA	AME	U.5. N.
			2.1	1	Matilda K	2017	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI		S. SOCIAL	17. HIFORMANT	2 Appl	RESS
(Ye	, no stanknown)	(If yes, give war or date	ol service)	SECURITY NO.	Jan Him II	intatall -	-1920
	18. 5	UIV		CALISE	OF DEATH	according acc	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	CACOL	OI BEATTI		ONSET AND DEATH
	(This does	LEADING TO DEA	TH	MSPIRE	TIDH BRONCHIA	1 SECRETION	15 Min
	heart failt	re, asthenia, etc. It mes	ins the disease,	DUE TO	The state of the s	•••••••••••••••••••••••••••••••••••••••	
	,			202.10			431
z		ANTECEDENT CAUS	»ES	B BRO	nchibe Asth	IMA	14 745
임		S OR CONDITIONS, I		DUE TO	CERTIFICATION	APPROVED BY	
Y		YING CONDITION L			nel	0.	
RTIFICATION				(C)	11367	M. D.	
RT	OTHER S	II SIGNIFICANT COND	ITIONS CON-		CHIEF OR ALOT. M	BOOM BLANGHER.	
CE		TO THE DEATH, BUT		Occure 1	mule Bel Il	lynn Bronch	12 cape
				NDINGS OF OPER	NOTATION 30		20. A0 0 SY?
EDICAL	July	4, 1750		NEHOSCOP		I C. I. D. M. M. Giler	YES NO L
ā	HOMICIPE		about home, farm,	OF INJURY (e. g., i	elc.) INJURY OCCUR?	If in Baltimore City, give	
ME		ident (Month) (Day) (Year)		ospital . INJURY OCCURR		spital, Payson	& Fayette S bronchoscopy
	JNJURY		A CONTRACTOR OF THE PARTY OF TH			bronchial secr	
	uly 4	, 1950	m. wo			pronuntar secr	ecton during
		y certify that I at			1950 to		hat I last saw the
	deceased a	live on 7-4	_, 19_50, and		rred at 2 2 (m., from t		date stated above.
	ZJA. SIGNA	Solone	402.	U. 34-51 (20-62 (20-62))	23B ADDRESS	9 Hook 7	- 4 - STONED
24	A. BURIAL.	CREMA- 248. DATE	240	M. D. I	RY OR CREMATORY 249. L	OCATION (City, town, or	county) (State)
TIC	REMOVAL (S	Specify)	- ~ /	000	Pa. H 19	11/2 -//1	
	ATE RECEIVE		SSIGNATURE	and the	25 FUNERAL DIRECTOR	A	DDRESS
L	CAL REGIST	950 Huntin	ton Mili	sure und	to Blichhow	Mon	
_	VS 150			1014	The state of the s	1310 Ente	10
			4 3000 - 5286	and deep strain		July Cure	112
							110

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE PLETCHER WILLIAM OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location' (If outside corporate limits, write RUFAL and give CITY OF TOWN INSTITUTION tuwnship) WEST BALTIMORE GENERAL HOSP. Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY Watchinga - Balto City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 NFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MACUTE ANT. MYDCARDIAL INFARET (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CORONARY OCCLUSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL YES I (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1950 to 2 - 4 . 1959 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on JULY 4, 1950 and that death occurred at 124 on. from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE WEST BALTIMORE GEN. HOSP. 7-4-50 misan BURIAL, CREMA-NAME OF CEMETERY OR CREMATORY Meaton 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S LOCAL REGISTRAR VS 150

337185

NOT A MEDICAL EXAMINER'S CASE

ANT WILLIAMS TRAINED

WILLIAM PLETCHEL

50 5945

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

OU 0340 CERTIFICAT	E OF DEATH Registered No.
Type or Print)	2. DATE OF DEATH J.MAN 5, 1950
B. PLACE OF DEATH: a. Baltimore City, Maryland / / / / / / / / / / / / / / / / / / /	4. USUAL RESIDENCE (Where deceased lived, If i stitution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR NOTITUTION 10HIS HOPKIRS HOSPITAL	
Yrs, Mos. gth of stay in Baltimore Days	D. STREET ADDRESS (If rur 1, give location)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of proceduring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Rath abell	In aucle & loyd.
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	10 HIS ROPKINS HOSPITAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH Al Heart Drseam Petrology of Follot
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES NO .
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg.,	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR THE INJURY OCCURR WHILE AT WORK AT WORK	
deceased alive on 7-5, 1950, and that death occu	rred at 810 236. ADDRESS 100 HOPKINS HOSPITAL 236. DATE SIGNED 100 HS HOPKINS HOSPITAL 6 Let 50
244. BURIAL, CREMA- TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
LOCAL REGISTRAR JUL 6 - 1950 H	Hent Hayara Waldof Tud
VS 150	157E

Mula mine 1281 3 July 5 1950 your last 8-F 45 10 8

7 1.3	
BALTIMORE CITY HEALTH DEPARTMENT	50 5946
50 5946 CERTIFICATE OF DEATH Registered N	0
1. NAME OF DECEASED 2. DATE	
(Type or Print) Idan Richardson DEATH 74	50
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Haryland A. STATE B. COUNTY B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits	HORL
Bouch Baltinove General Hospital Glen Burnie (Punal)	township)
Yrs. D. STREET ADDRESS (If rural, give location)	200
c. The of stay in Baltimore FEW HOURS Days Grain Highway - 4 mi. San	th Glen Burnie
WIPOWED, DIVORCED (Specify) last birthday) Mor	Under I Year It Under 24 Hours aths Days Hours Min.
Male White Married 8/27/882 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BJRTHPLACE (State or foreign country)	
work done during most of working life, even if retired) INDUSTRY KINGSTON.	12. CITIZEN OF WHAT COUNTRY?
Pensioned BRAKEMAN BYO, RAIL ROAD CAITAGE 13. FATHER'S NAME	и. з.
TOURTHRY DI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	DRESSPOR 92
No SECURITY NO. M73 AVA. V. RICHARDSON, GLE	D hound 03
18. 58/, 0 . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	>
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES ESOPHICES AYICES	7
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	7/
(c) Hemorrhye trom (B)	1 hrs
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, g. INJURY OCCUR?)	
HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that, I attended the deceased from 7/4, 1950 to 7/4, 1950	that I last saw the
deceased alive on 7/4, 1950, and that death occurred at 10 pm., from the causes and on the	e date stated above.
SBG+	7/5/5
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, TION, REMOVAL (Specify)	or county) (State)

25. FUNER

VS 150

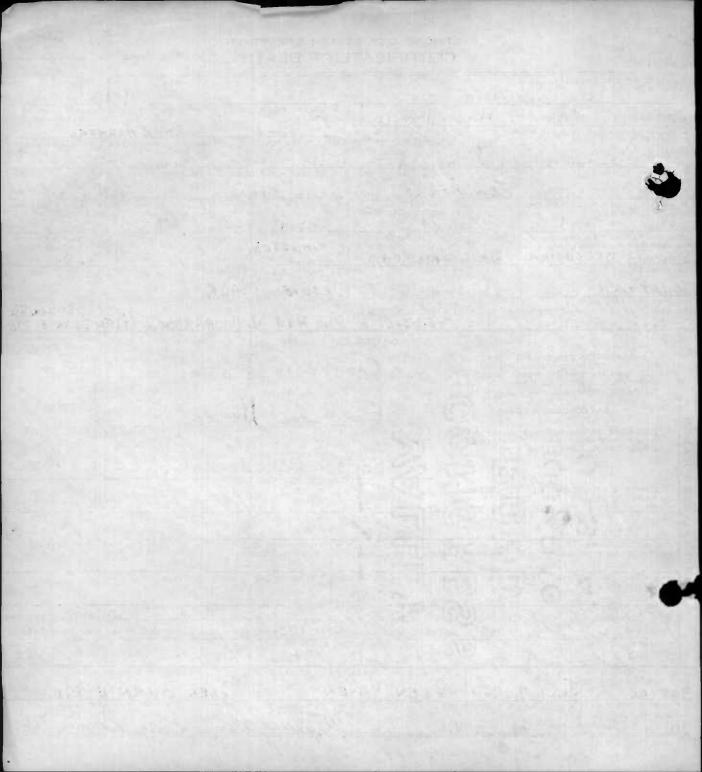
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

4500 1243

DORESS

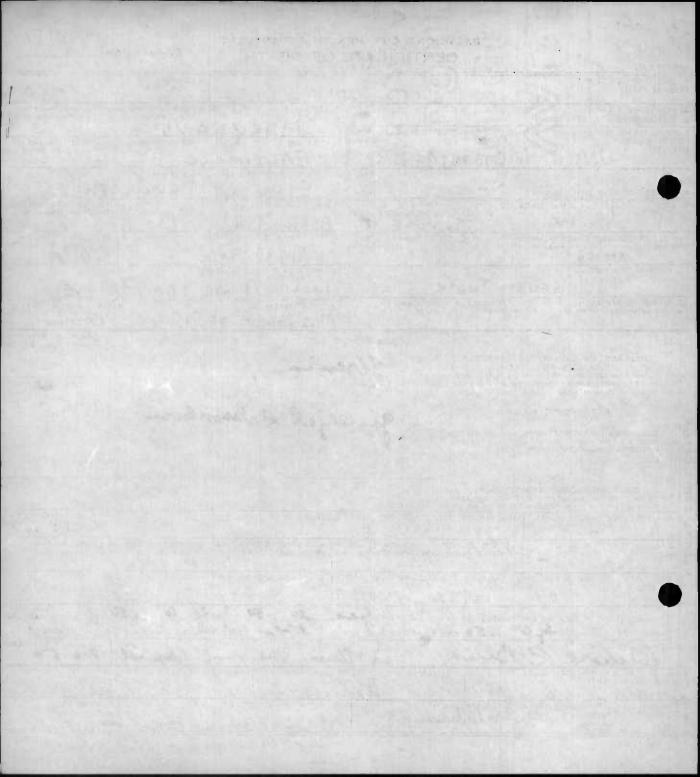
GLEN



3	20
)	5947

59 5947 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH JULY 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STAT B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) INION MEMORIAL HOSP LTIMORE D STREET ADDRESS (If rural, give location) Yrs. Mos. PAUL gth of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) SINGLE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY NONE MARYUAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY LEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or npknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 3906 ST PALL (Yes, no or nuknown) SECURITY NO. DE PIERRON MARIE ALTIMORE CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., reliel Artoniselusio heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK 1956, that I last saw the 10 , 19 50 to 22. I hereby certify that I attended the deceased from ______ 1950, and that death beurred at 3:20 m., from the causes and on the date stated above. deceased alive on Que 23c. DATE SIGNED 24g. NAME OF CEMETERY TION REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR REGISTRAR SISIGNATURE

VS 150



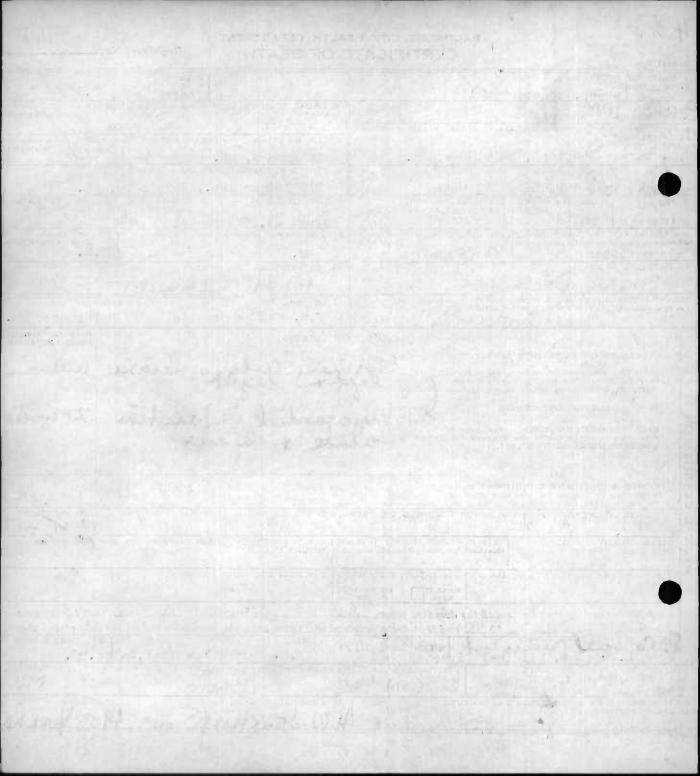
1121
436
59 5948
BIRTH NO.
1. NAME OF DECEASE

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5948 Registered No.

BIRTH NO.	
NAME OF DECEASED	2. DATE
Type or Print) De Lauder, Roscoe Cenklin	DEATH July 5,1950
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Maryland Baltimore
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
.S. Marine Hospital, Baltimore, Md.	Baltimore, Md. 27-10 township)
Yrs.	o. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore 71 years Days	810 Radnor Ave., Baltimore, Md.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min.
ale white married	August 31,1879 71
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
steam fitter KAILROAD	Md.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EOGAR DELAUDER	MARY CLAGGETT
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war of dates of service) SECURITY NO.	17. INFORMANT ADDRESS
yes SPANISH AMERICAN SS. 212-16-87	U.S. Marine Hospital Baltimore, Md.
	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cray Culei os clarosis ludios.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	++) might
ANTECEDENT CAUSES	ocardial in farction 2+ coessis
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	ute + chronic
II (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOBSY?
The state of the s	YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in	
HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK L AT WORK L	with a so so . The source of t
	uly 1 , 1950, to July 5 , 1950, that I last saw the
	red at 1:35a m., from the causes and on the date stated above.
DOON SIGNATURE . The	
Lichn Wilson Sauce Lun ferredical Dis	00.71200
John L. Wilson, Clinical Director M.D.	rector _{U.S.} Marine Hospital, Balto.Md.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
John L. Wilson, Clinical Director M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE BURIAL 7-7-1950 LOUDON PA	RY OR CREMATORY 240. LOCATION (City, town, or county) RX BALTO. (State)
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) RX BALTO. (State)

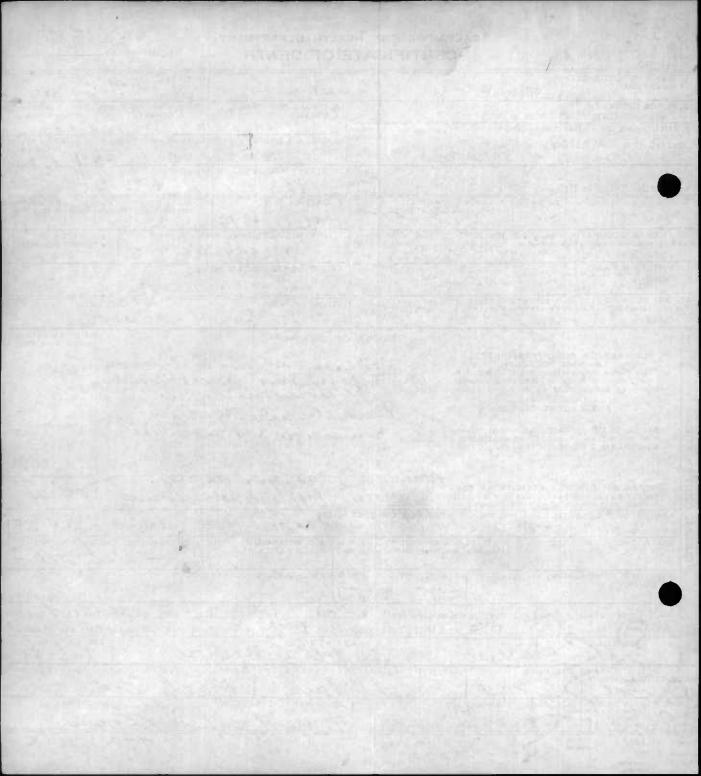


53-	5
BIRTH NO	5949
1 NIAME	OF DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5949 segistered No.

CERTIFICATE OF DEATH Registered No.						
1. NAME OF DECEASED VERNON V	J, Lor	Noon	2. DATE OF DEATH	-5-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland VRS		A. STATE	ICE (Where deceased lived. If B. COUNTY	before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NERCY HOSPITAL, CALVERT + SPRATOGA ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 18 MD.				
c. gth of stay in Baltimore	Vro		S (If rural, give location)	57.		
5. SEX 6. COLOR OR RACE 7. SINGLE. MA WIDOWED, E Ma W	RRIED.	8. DATE OF BIRTH	last birthday) M	f Under 1 Year on the Days Hours Min.		
COM	BUSINESS OR HAIR INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME CHARLES LONDON		14. MOTHER'S MAIL	WHITE FOR	20.		
	SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Porte DUE TO 2 for (B) Mark DUE TO GENE	ed loconary walled le	Alus salus sis	INTERVAL BETWEEN ONSET AND DEATH TO THE		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. A MULLIDAMS LYP Lywer loke left lung 8 days						
194. DATE OF OPERATION 3 198. MAJOR FINE	DINGS OF OPERA	ATION VIC GASTRIC	ULCER BENIER	20. AUTOPSY?		
HOMICIDE (Specify) about home, farm, fac	FINJURY (e. g., in ctory,street,nffice bldg., et	E.) INJURY OCCURT	+An	completed		
21D. TIME (Month) (Day) (Year) (Hour) 21E. I INJURY WHILE m.		D 21F. HOW DID I	NJURY OCCUR?			
22. I hereby certify that I attended the deceded deceased alive on 7-5, 1950, and to	doca ji on		to $7 - 5$, 195 rom the causes and on t			
23A. SIGNATURE mulale			vepital	7-5-50		
24A. BURIAL. CREMA- TION REMOVAL (Specify) Auly 8/900 &	ou don	Park	Ballo M	or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LILL 6 - 1950	MA MAR	HAMPE M.	Enkins - S	ADDRESS nu lu		
VS 150	array of the	10	490	os York Ra		



- ン 40 50 5950

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5950 Registered No.

I. NAME OF DECEASED-2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution residence 3. PLACE OF DEATH A. STATEL A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY-OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. th of stay in Baltimore Mesion + GUINORB Davs If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | M Under 1 Year | It Under 24 Hours last birthday) | Months: Days | Hours: Min WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknowned (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION A 19B, MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 1930 that I last saw the 22. I hereby certify that I attended the deceased from. 5, 19 D. and that death occurred at 7.5 0 Am., deccased alive on_ from the causes and on the date stated above. 23A. SIGNATURE CREMA-ON_REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS REGISTRAR VS 150

Committee and Bright Bright By

weeks were on N M. A. Colonial Colonia Colonial Colonia 1 . Dr. Henry m. T. hanail.

21	pro l
0	5951
BIRTH	NO.

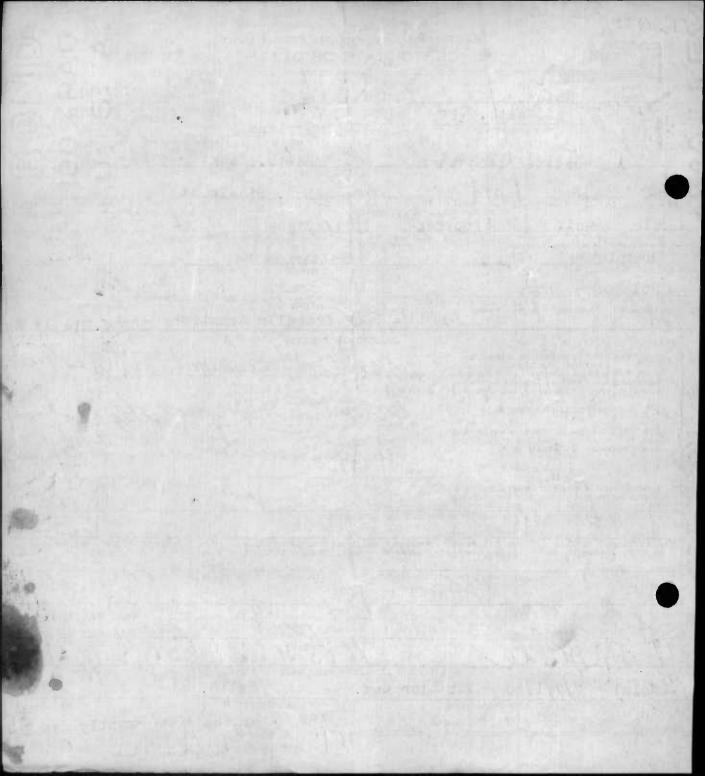
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) JOHN W YANCY ((ancey) DEATH July 2, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland Balto City B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission) Maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Johns Hopkins Hospital	Baltimore 6-04 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
TO Year Mos.	
gth of stay in Baltimore 19 ITS Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	129 N. Wolfe Street 8. DATE OF BIRTH 19. AGE (In years)
Male Colored WIDOWED, DIVORCED (Specify)	last birthday) [Months Days Hours] Min.
Single	7/4/1925 24
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR Prork dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Gi.School	Oxford N.c. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Voncer	Marra Anna Maga
William Yancey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Anna Moss 17. INFORMANT ADDRESS
(Yes, oo or uoknown) (If yes, give war or dates of service) SECURITY NO.	
Yes War # 2	Dorothy Jackson 1028 E Monument St
18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Fatty	infiltration of liver and
heart failure arthenia ate It manns the disease	abolic cirrhosis (581.0)
injuly of complication which caused death, America	ACCOUNT CONTRACTOR (7021)
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
J	YES X NO
21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. s., li	or 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?
Ш	ED 21F, HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY NOT WHILE	T I ZIF. NOW BIB INSORT OCCORT
m. WORK AT WORK	
22. I certify that I took charge of the remains described a	bove, held an autopsy thereon and from
the evidence obtained by said Autonsy Inspection or I	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes	x, accident \(\sigma\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\).
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
19 Tisker M	D. ASSISTANT MEDICAL EXAMINER July 3, 1950
24A. BURIAL, CREMA- 44B. DATE 24C. NAME OF CEMETE	
TION, REMOVAL (Specify) Furial 7/7/1950 Balto. Nat.	Cem. Baltimore ity
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	
JUL 6-1950 Huntington Williams, Mar 1	Elroy . Wilson 1000 Brantly Ave
V S 151	7 X2 N 11/1/200 12/21/
	000000000000000000000000000000000000000

6		2	- () ()
2)		5	95	2
	B	RTI	N	Ο.	
7	9	NIA	ME	OF	DE

BALTIMORE CITY HEALTH DEPARTMENT

101010

Registered No. CERTIFICATE OF DEATH (Type or Print) 2. DATE Chase Solomon DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If metitation; residence A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Balto. City 262 west Biddle Street Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days Biddle St B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Unday 24 Hours last birthday) Months: Days Hours: Min. Divorced 11/3/1886 DO 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12 CITIZEN OF vork done during most of working life, even if retired) INDUSTRY U.S.A. Unemployed Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Chase Emma. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Isabella Armstrong No W. Ridale INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION O 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from_ that I last saw the. 4, 1950, and that death occurred at 10.10m, from the causes and on the date stated above decased alive on 1-28A SIGNATURE 238. ADDRESS 23c. DATE SIGN 244. BURIAL, CLEMA-FIGN REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Mt Zion Cem. I950 Balto. Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Elroy O. Wilson 1000 Brantly



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

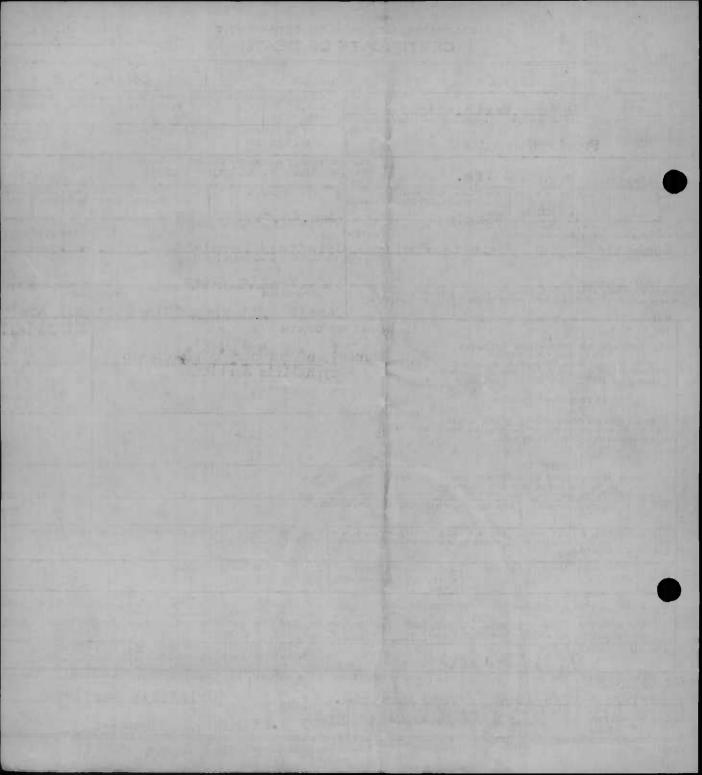
50 5953

CERTIFICATE OF DEATH

Reg. Dist. No. 4/

PLACE OF DEATH COUNTY	Bal ti	more	MARYLAND	2. USUAL RESI	DENCE (HO	ME) OF DEC	EASED. COUN'	TY	
OR give nearest	rporate limits, write R town) Bal to		LENGTH OF STAY (in this place) 1116	OR TOWN	Balto		unda	110	wn)
IO AL OR- INS CUTION OR STREAT ADDRES	6521 C	olgate	Ave	STREET ADDRESS	Balt	(If rural, g	ive location)	26-0	
NAME OF DECEASED (Type or Print)	(First) Margaret	Brehm	(Middle)	(Last)		4. DATE OF DEATH	(Month)	27- 50	(Year)
SEX Female	6. COLOR OR RACI	WIDO	GLE, MARRIED, WED, DIVORCED, city) Single	8. DATE OF BI	72	AGE last birt	vrs. Month	er 1 year II ur s. Days II or	
ne during most of w	ATION (Give kind of woorking life, even if retire		~ ~ ~	II. BIRTHPLAC	CE (State or f	oreign country)		12. CITIZEN (COUNTRY? IISA	OF WHAT
FATHER'S NXMI	Brehm		Self	14. MOTHER'S	MAIDEN N			- CON	
	ER IN U.S. ARMED FOR (If year, give war or da service)		OCIAL SECURITY No.	17. INFORMAN Madeline			Colgat	e Ave	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Earder Viscular disease									
Immediate Anteceden		tal	du Mis	culat.	als	luzt		An from Bill to the state as a se	1644+ 5-200ps «++200 +
Diseases or c	conditions, if any, (b) the sbove cause nderlying cause last	Hugh	erteus	in t	· In		-20	**************************************	
OTHER SIGNIFIC	CANT CONDITIONS ting to the death but n	ot	sure 14	gren	nfor	7		Min to to to coccess so	
. DATE OF OPER	RATION 19b. MAJO	R FINDING	S OF OPERATION					Yes	OPSY?
ACCIDENT SUICIDE HOMICIDE			e, farm, factory, street, idg., etc.)	(C	ITY OR TO	WN)	(COUNT)	Y) (STA	TE)
TIME (Month) OF INJURY		r) INJURY While at Work	Y OCCURRED Not While At work	HOW DID IN.	JURY OCCU	JR?			
. I eby certi	fy that I attended	the deceas	sed from	, 19 ⁵⁰ , to.	6/27	, 19,	that I last	saw the de	ceased
SIG. ATURE	Q 010	and that	death occurred at (Degree or title)	ADDRESS	from the c	auses and or	the date	stated abov	
BURIAL OR AU	TON DATE	-29-50	NAME OF CEMETE Holy Red		ORY LO	CATION (City	town, or cou	inty)	(State)
	OCAL REGISTRA	R'S SICNAT	******	24. FUNERAL	DIRECTOR Y & Zei			e Strone	
p - 43000	30			1					





(Type or Print)

HOSPITAL OR

(Yes, oo or ookoowo)

5. SEX

BIRTH NO

A. Baltimore City, Maryland

1. NAME OF DECEASED

3. PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location)

Yrs.

Days

CAUSE OF DEATH

INDUSTRY

50	5955
Registered No	
1 22/11/1	6.1950
There deceased lived, If institute B. COUNTY	tion; residence before admission)
outside corporate limits, write	e RURAL and give township)
Culvert	of.
9. AGE (In years if Under 1 last birthday) Months 1	
	TITIZEN OF WHAT COUNTRY?
end	

ADDRESS

10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Deam 13. FATHER'S NAME

ength of stay in Baltimore

6. COLOR OR RACE

TS. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, oo or ookoowo) (If yes, give wer or detec of service)

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify) Widow

> SOCIAL SECURITY NO. none

4. USUAL RESIDENCE (W

A. STATE

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astbenia, etc. It means the disease, injury or complication which caused death.)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(B) DUE TO

DUE TO

(C)

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

19A. DATE OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e.g., io or about home, ferm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

INJURY WHILE AT AT WORK WORK

22. I hereby certify that I attended the deceased from.

deceased alive on_ , 1950, and that death occurred at

23A SIGNATURE

24C. NAME OF CEMETERY OF CREMATORY

, that I last saw the from the causes and on the date stated above.

(If in Baltimore City, give exact location)

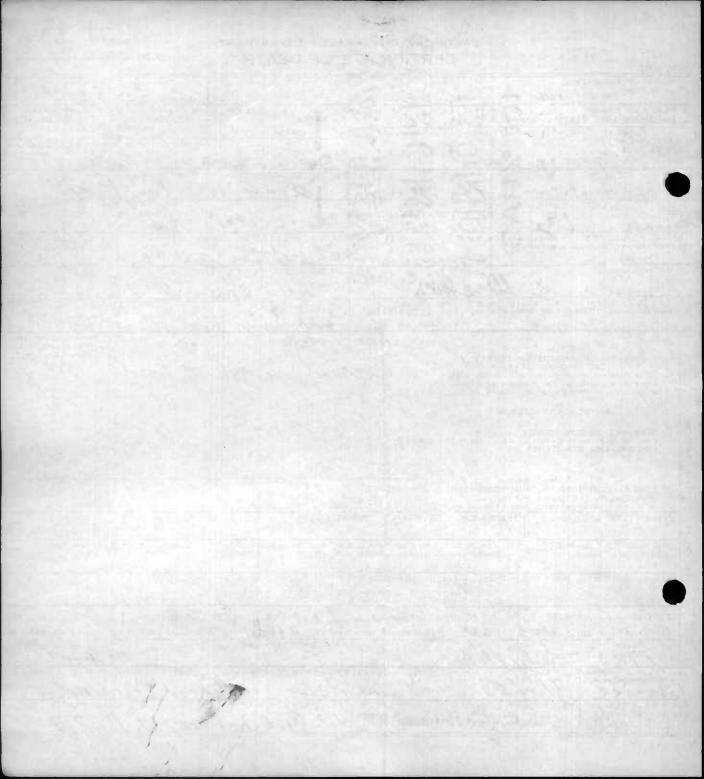
23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

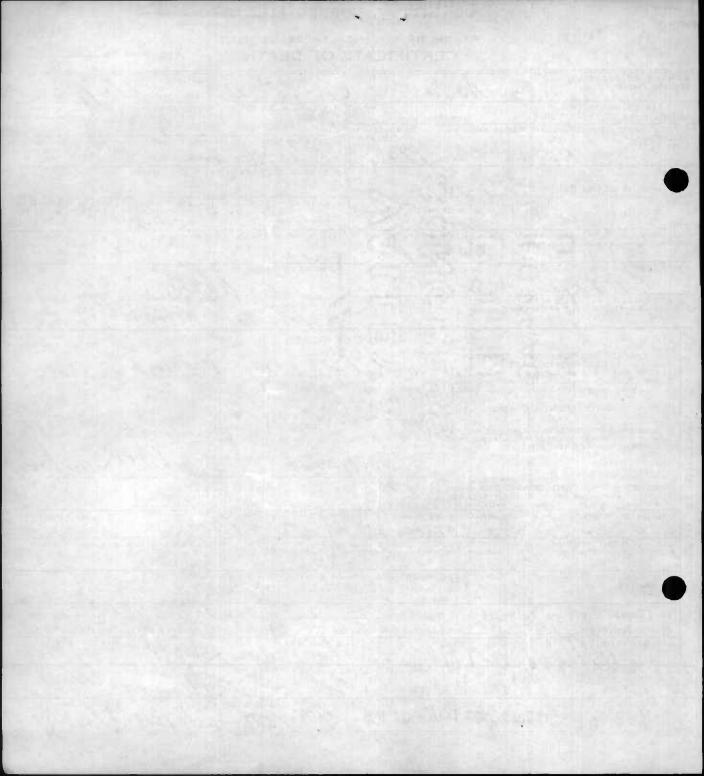
EDICAL

REGISTRAR'S SIGNATUR

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) 10.00 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) NUKC O ZUV Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 187 AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) mankie 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR) WHAT COUNTRY MER SELF 13. FATHER'S NAME ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. no or nnknown) SECURITY NO. PECEBSOL NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE [WORK 1950 to 7-5 . 18 6, that I last saw the 22. I hereby certify that I attended the deceased from 6. 27 1. 1950, and that death occurred at 6:26 Am. If from the causes and fon the date stated above. deceased alive lon 23A. SIGNATURE 23 . ADDRESS 23c. DATE SIGNED 24A) BURIAL TREMA- 24B. DATE 24C. NAME OF CEMETERY OR CHEMATORY 24D. LOCATION (City, town, or control REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR policia che manigrapia VS 150 10010



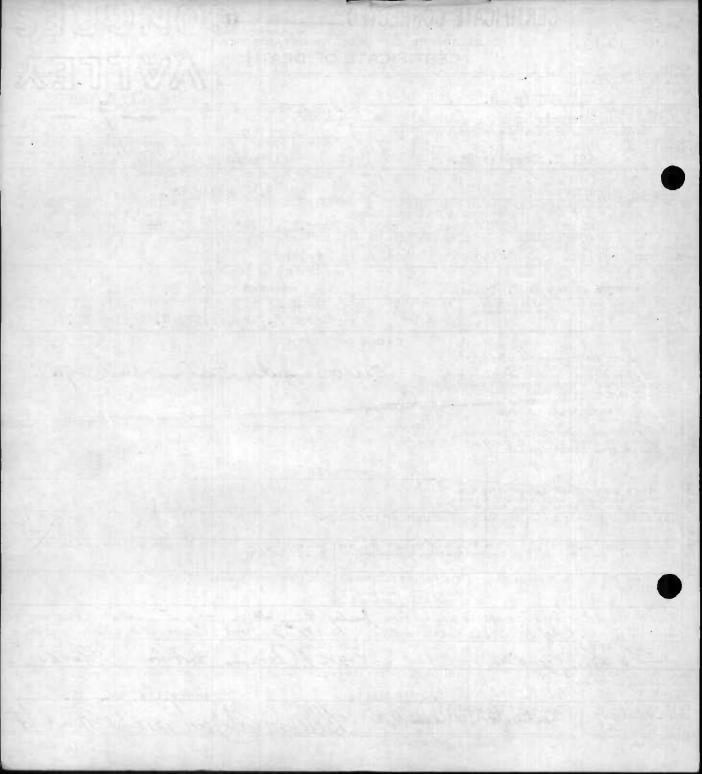
5957

CERTIFICATE CORRECTED 7-11-50 BALTIMORE CITY HEALTH DEPARTMENT

50 5957

CERTIFICAT	E OF DEATH Registered No.
I. NAME OF DECEASED	2. DATE
(Type or Print) JOSEPH H. TOLSON	OF DEATH July 5,1950
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	township)
421 S. Chester St.	Baltimore /- 0 >
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
E. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
Male White Widower	Apr. 22, 1865 85 84 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired Balto city Schools	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Joseph D. Tolson	Unknown Sarah E. Carville
15 WAS DECEASED EVER IN HIS ADMED EDDOSSE LINE COCIAL	17. INFORMANT ADDRESS
(If yes, give war or dates of service) SECURITY NO.	Sarah E. Krouse, 113 S. Morley St.
CAUGE	DATERNAL RETURNAL
less to the second seco	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)	die vareday Desen Suit you!
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
II (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OBATH, BUT NOT RELATED	
	RATION 20. AUTOPSY?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g.,	
HOMICIDE (Specify) about home, farm, factory, street, office bldg	
TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
NJURY WHILE AT NOT WHIL	
m. WORK AT WORK	
	uly 4 195, to July 5, 1952, that I last saw the
deceased alive on Jess , 1950, and that death occur	urred at / Pm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	ER FOR CREMATORY 24B. EGGATION (Old, town) of country
Burial 7/8/50 Stevensvill	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FINERAL DIRECTOR
WII 7 - 1950	Mallom Kortone 1219 St Toul A
VS 150	(12)
	724

FOR BOAROS A



BALTIMORE CITY HEALTH DEPARTMENT 5958 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF CUGENE DEATH U 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of perking life, even if retired) INDUSTRY WHAT COUNTRY EGH. LNGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PARLETT LLOYD ANNIE LOANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, oo or noknowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK AT WORK . 1950 that I last saw the 22. I hereby certify that I attended the deceased from JULY deceased alive on July 4, 1950 and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL (Specify 2/48. DATE 24C. NAME OF CEMETERY OR CREMATORY Burial Druid Ridge Pikesville. Md.

VS 150

DATE RECEIVED BY

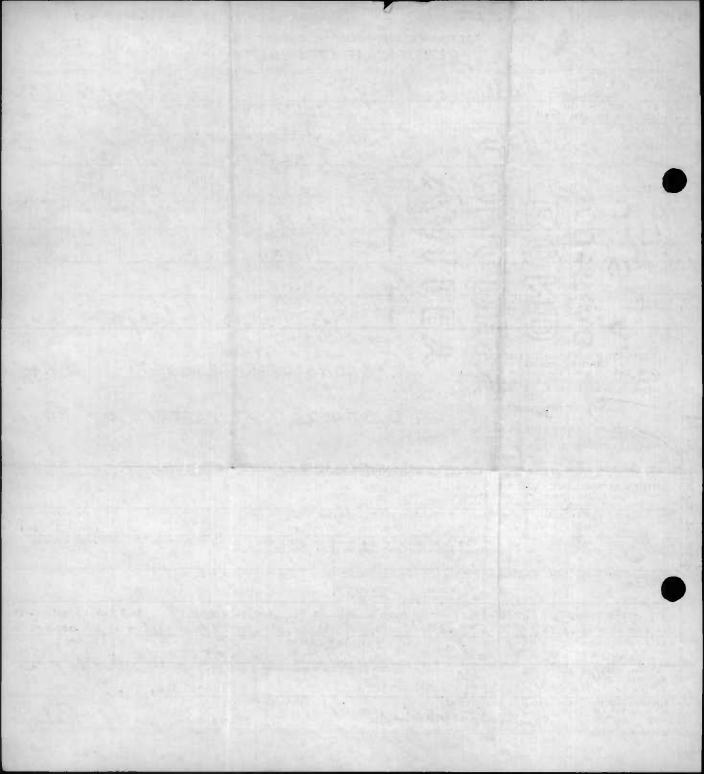
LOCAL REGISTRAR

04624

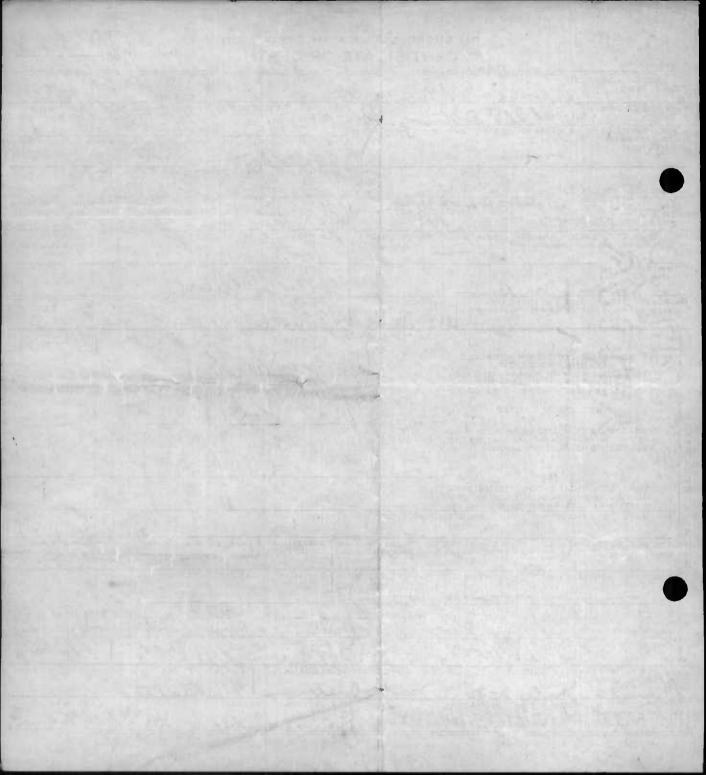
FUNERAL BIRECTOR

830

ADDRESS.



5	500	ELARENCE O.W	.NANN -		
	50 5959		E OF DEATH	NT Registered I	50 5959
1.	NAME OF DECEASED ype or Print) A CO C	i Mani	4	2. DATE OF DEATH	7/4-50
A. B.		8 E Ct. At. I or institution, give stiffet address of	A. STATE	(Where deceased lived, If	before admission)
	DSPITAL OR STITUTION	location	Bally	MV	ts, write RURAL and give township)
~~~	angth of stay in Baltimore	Yrs. Mos. Days	13181911	Slens	17-62
7	m. C	WIDOWED DIVORCED (Specif		> 4 last birthday) M	onths Days Hours Min.
ork	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	INDUSTR		6.	WHAT COUNTRY?
	WAS PEREASED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	Foun a	ben	
Ye	e, no or (nithown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT L	re des & h	INTERVAL BETWEEN
	DISEASE OR CONDITION  (This does not mean the mode o heart failure, asthenia, etc. It meat injury or complication which c	f dying, e.g., (A)	. Juffer	hipdes)	ONSET AND DEATH
CATION	ANTECEDENT CAUS  DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	(B) F ANY, GIVING STATING THE DUE TO	Mi me	4	
RTIFI	OTHER SIGNIFICANT CONDI				
L CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1		ERATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g ebout home, ferm, fectory, street, office bld		(If in Baltimore City,	
X	FINJURY (Month) (Day) (Year)	(Hour) 21E. INJURY OCCUF  while at not whi work at wor	LE	JURY OCCUR?	
	22. I hereby certify that I att deceased alive on		5/10 , 19-0, to	om the causes and on	that I last saw the
	23A. SIGNATURE Dunk	Letty M.D.	238. ADDRESS	HAPL C	23C. DATE SIGNED
TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	8-50 mt	aulum	Buts	ADDRESS
ST-D	AGALTREGIS MAR	s signature	25., FUNERAL DIRECT	Hayes 63	8h. Palmer
	VS 150	WINE CON OC	0 0 0 12		130



4 -50 5960	50 5960
BIRTH NO.  BIRTH NO.	** * * * * * * * * * * * * * * * * * * *
1. NAME OF DECEASED (Type or Print)  14 ARRY GLAZER	2. DATE OF JULY 6, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NION MEMORIAL 1405 (ITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE 28-01
c. Length of stay in Baltimore  48 Mos. Days	D. STREET ADDRESS (If rural, give location) 4307 R106EW00D AVE., (15)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   MALE   MARRIED   MARRIED	8. DATE OF BIRTH  JUNE, 1886  9. AGE (In years II Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of retired)  York done during most of working life, even if retired)  SERVICE STATION	11. BIRTHPLACE (State or foreign country)  RUSSIA  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME LOUIS GLAZER	14. MOTHER'S MAIDEN NAME REBECCA LIPSHITZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	17. INFORMANT MR. LEWN GLAZER  ADDRESS FORD AUG, BALTO. MD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	Musive and artinosclerati  of disms e  of it or this clinesis

(C)

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

218. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) ID. TIME (Month) (Day) (Year) (Hour)

WHILE AT

21E. INJURY OCCURRED NOT WHILE

22. I hereby certify that I attended the deceased from JUNE

24c. NAME OF CEMETERY

22, 1950, to JULY , 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 2:15 Am., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

23c. DATE SIGNED

20. AUTOPSY?

CERTIFIC

MEDICAL

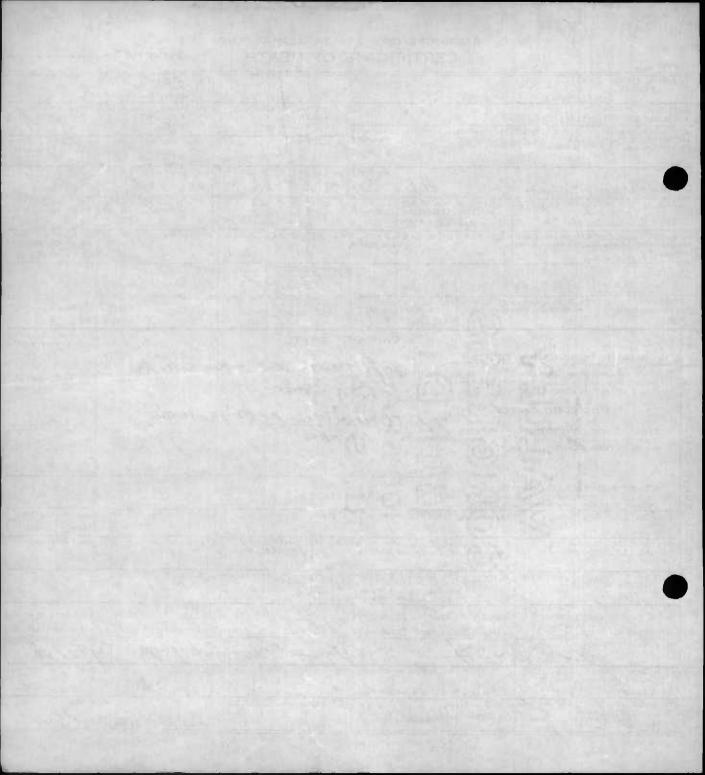
VS 150

25. FUNERAL DIRECTOR

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ADDRESS

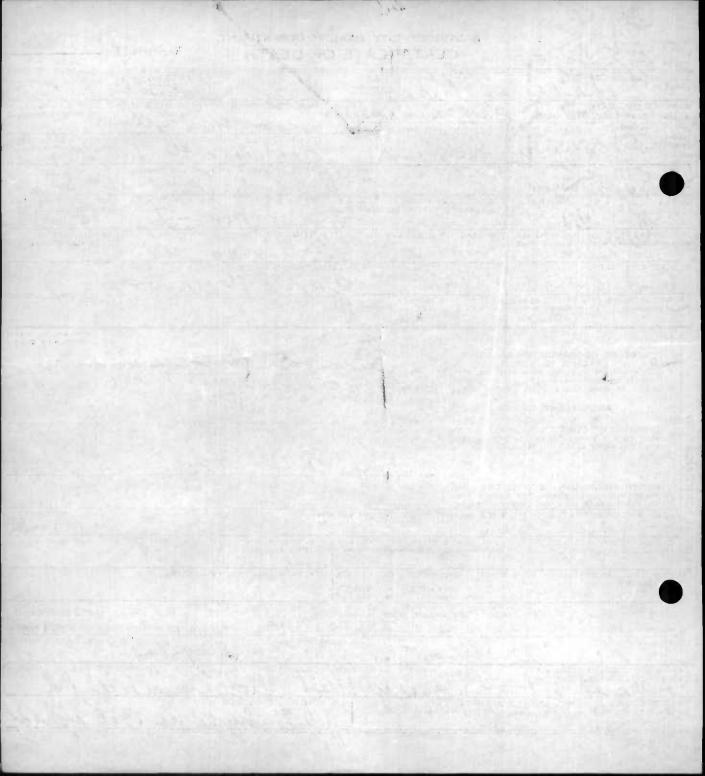


# CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Red HNNIE DEATH 4. USUAL RESIDENCE 3. PLACE OF DEATH (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION IGHNS HOPKINS HOSPITAL More (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 24 Yrs. I W. MONUMENT Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years | H Under | Year | H Under 24 Hours last birthday) | Montha: Days | Houra: Min. 6. COLOR OR RACE 2-15-06 OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY At Home Norfolk Virginia Housewife 13. FATHER'S NAME William Parker Josephine Butts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO JOHNS HOPKINS HOSPITET NO 18. 443 X CAUSE OF DEATH 002X ONSET AND DEATH NEPHROSCLEROSIS DISEASE OR CONDITION DIRECTLY zmos SEVERE LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO 13 YEARS ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO over UNDERLYING CONDITION LAST. LUNG APEX 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR, FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 6-, 195 L. and that death occurred at 1 33 Am. from 22. I hereby certify that I attended the deceased from 6-30-- 193 That I last saw the Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 6 VII LA 50 Dinnes -- Wall 24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) BURIAL 7/9/19 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) (State) Francis Cherry Cem. Norfolk Virginia DATE RECEIVED BY REGISTRAR'S SIGNATURE ilion 1000 Brantly Ave multing los

amendment from autopsy, ola history, ele Der Doumt File 50 - 5961

_ 1	613						
BI	50 RTH NO. 5	5962656	BAL	TIMORE CITY HE	E OF DEATH	Registered No	5962
	NAME OF DI	R:FF:	this	Robert		2. DATE OF DEATH July 4	6,1950
	PLACE OF DI Baltimore C	ty, Maryland	BALT	: MOREMO	4. USUAL RESIDENCE (V	Where deceased lived 19 institu	ution: residence before admission)
H	FULL NAME	OF (If not in hosp	ital or institut	ion, give street address or location)	c, CITY OR TOWN (If	outside corporate limits, write	te RURAL and give
IN	STITUTION	1ERCY	Hos	pital	Balt. Wo.	n = 26-0	5 township)
c	eth of st	tay in Baltimore		Yr Mos. Days	o. STREET ADDRESS (If	SAUMS 5	st.
5.	SEX	6. COLOR OR RACI		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years It Under it last birthday) Months:	
1	Male	Wh. to			June 29, 1950	50acco	5
		CUPATION (Give kinds of working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		WHAT COUNTRY?
13	FATHER'S	IAME			14. MOTHER'S MAIDEN N	AME	
	W:11:	2MGR	: FF:	The	aRACE W	FANGR	
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARM (If yes, give var or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	ADDRE	ess
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., beart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Caugutal Chroniality (A) Caugutal Chroniality (A) Caugutal Chroniality (A) Caugutal Chroniality (B)  OUE TO GASE OF DEATH  ONSET A  OUE TO GASE OF DEATH  OUE TO							5 days
ERTIF	TRIBUTING	SIGNIFICANT CON S TO THE OEATH, BU SEASE OR CONDITION	T NOT RELAT	ŁO .		0	
LC		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., is farm, factory, street, office bldg.,		If in Baltimore City, give e	xact location)
Σ	210. TIME (	(Month) (Day) (Yea		21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE		0 /	
	22. I hereb	N A 4 4	ttended the	deceased from	reat 2:30 Pm., from t	the causes and on the do	at I last saw the
	23A. SIGNAT		nate		3B ADDRESS W	LaxXar 3	C. DATE SIGNED
2. TI	4A. BURIAL, CON. REMOVAL (S	CREMA: 248. DATE pecify)	-50	24C. NAME OF CEMETE	HLATT 249 L	SMONHULL	1. Rd
3	OCAL REGIST	RAT REGISTRA	S SIGNAT	Miliams, M	1. Q. Fahu	tous 1318	Light
=	VS 150	10U	····	San partie areas	10		
				5 0 0 0	n 5 9 4 3	1	59



# BALTIMORE CITY HEALTH DEPARTMENT

50 5963

Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased liked, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) outside curborate limits, write RURAL and give INSTITUTION township) al, give location Yrs. D. STREET AL gth of stay in Baltimore Days venue If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) wedowed OA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR (State or foreign country 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Rome 15. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONto mullitus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WRILE! WORK 22. I hereby certify that I attended the deceased from Jaw 10 _, 1900, that I last saw the Roofm., from the causes and on the date stated above. 19 ond that death occurred at_ deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D/LOCATION (City, town, or county)/ TION

DRECTOR

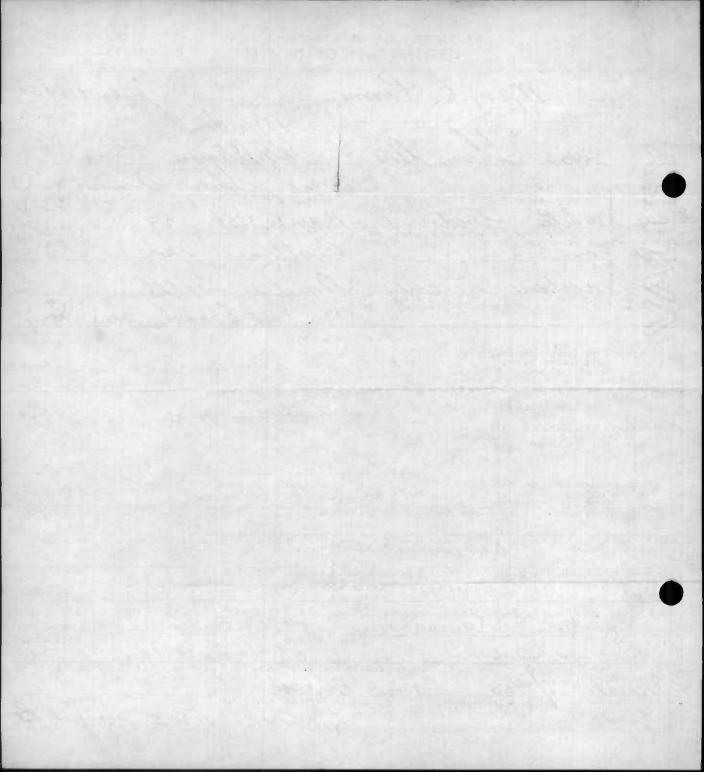
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

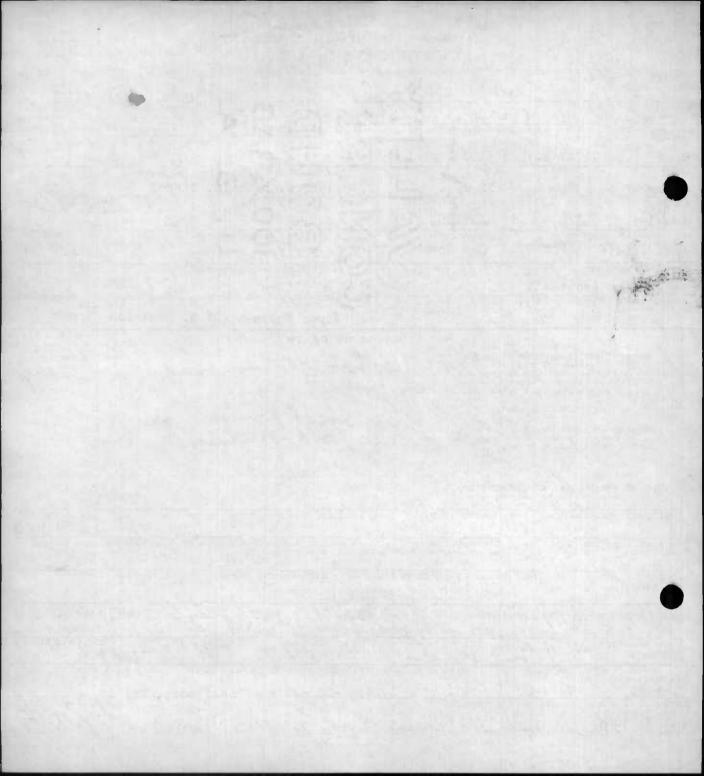
REGISTRAR'S SIGNATURE

61

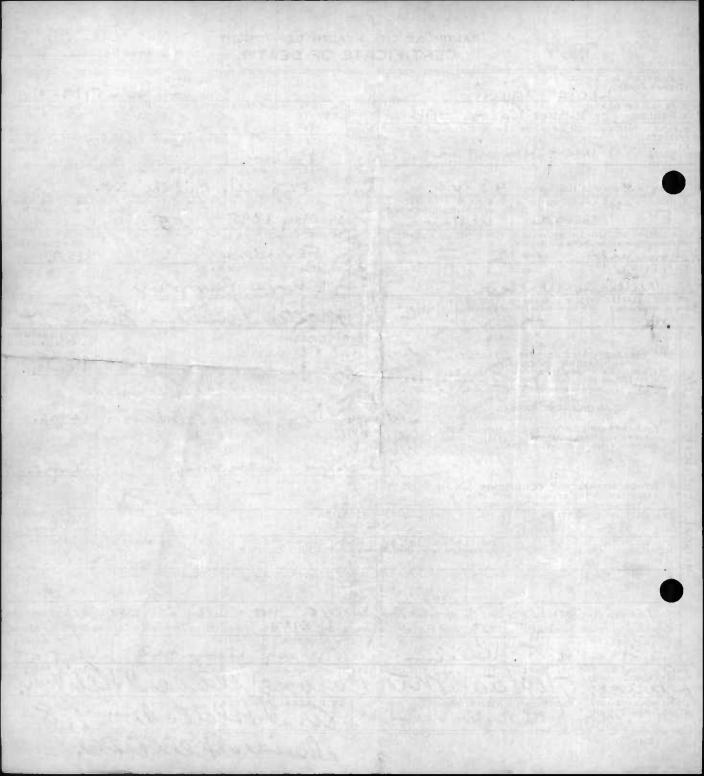


# BALTIMORE CITY HEALTH DEPARTMENT

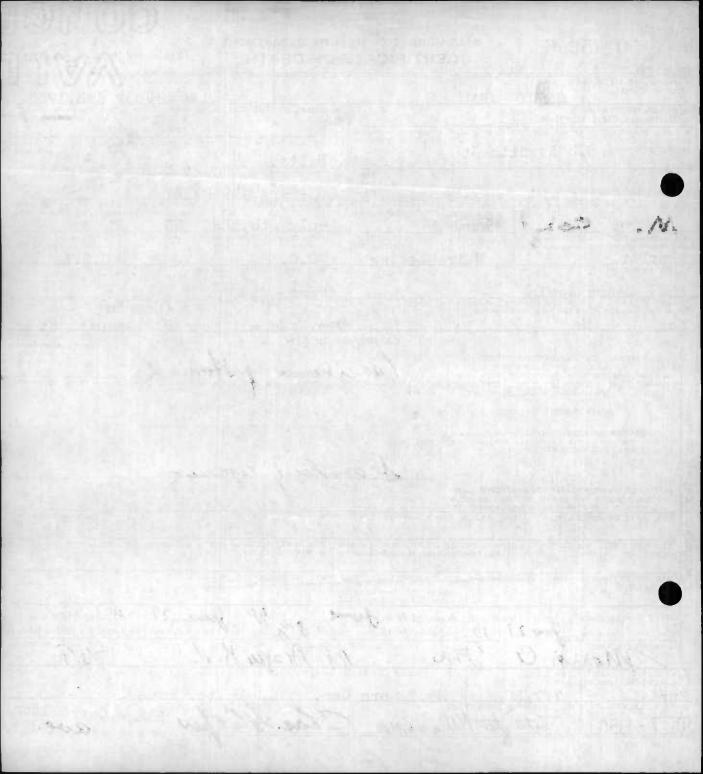
In the first of stay in Baltimore    Star	CERTIFICATE OF DEATH Registered No.							
A STATE SIGNIFICANT CONDITION DRECTLY  TO THE RIGHTICAN LEGISTE OF CONDITION LAST THE DID TO THE RIGHTICAN TO DEATH  TO THE RIGHTICAN TO DEATH  TO THE RIGHTICAN LAST TO DEATH  TO THE DISEASE OR CONDITION LAST THE THE DID LEGIS OR CONDITION LAST THE DID L	(Manager and Daving A)	COHEN	OF	July 6.19	950			
INSTITUTION  1727 N. Bentalou Street  Soltimore  Distribution  1727 N. Bentalou Street  Soltimore  Distribution  Distribution  1727 N. Bentalou Street  Soltimore  Distribution  1727 N. Bentalou Street  Soltimore  Distribution  1727 N. Bentalou Street  Soltimore  1828 Soltimore	A. Baltimore City, Maryland 1727/1.  B. FULL NAME OF (If not in hospital or institu		A. STATE B. Maryland	COUNTY bef	fore udmission)			
Ingh of stay in Baltimore   55 Yrs.   Most   Days   1727 N. Bentalou Street   Days   Baltimore   55 Yrs.   Days   1727 N. Bentalou Street   Days   Baltimore   B	1727 N. Bentalor		Baltimore A	5-03	township)			
Temele White Whote Divorce (Sepectry)  10.0. USUAL OCCUPATION (Givenind of Job. KIND OF BUSINESS OR OWN Home INDUSTRY OW		Irs. Mos.	1727 N. Bentalou Str	eet				
The dependence most of greating life, even firesteed houseful in the life was a life of the life of th	Female White MARI	E, MARRIED. WED DIVORCED (Specify)	last	birthday) Months Days	Hours Min.			
ISABE Feinstein  15. WAS DECEASED EVER IN U. S. ARRED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT Meyer Cohen—1727 N. Bentalou Street  18. 3 3 /	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even lf retired) HOUSEWIIE OWN	CALDILOTTO		ntry) 12. CITIZ	ZEN OF T COUNTRY?			
SECURITY NO.   Meyer Cohen - 1727 N.   Bentalou Street								
DISEASE OR CONDITION DIRECTLY  (This does not cheat permit on the decape, heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, FANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21B. MAJOR FINDINGS OF OPERATION  21C. WHERE DID (If in Baltimore City, give exact location)  10JURY OCCUR?  11JURY  22. I hereby certify that I attended the deceased from Jan AT WORK  23A. SIGNATURE  23C. DATE SIGNAL  24A. BURIAL, CREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  22F. FUNERAL DIRECTOR  APPLIES  12G. SIGNATURE  12G. SIGNATURE  12G. SIGNATURE  12G. SIGNATURE  12G. SIGNATURE  12G. SIGNATURE  12G. AUTOPSY?  YES NO.  15G. SIGNATURE  15V. To Fully Co.  23C. DATE SIGNED  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCAL REGISTRAR'S SIGNATURE  25F. FUNERAL DIRECTOR  APPLIES  A	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				eet			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from an deceased alive on and (g., 1947), and that death occurred at form, from the dayses and on the date stated above 23A. SIGNATURE  23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of courts) (State Tion, REMOVAL (Specify) 7-7-50 Tiferes Israel -Rosedale Baltimore, Md.  25. FUNERAL DIRECTOR APPRISAL. 26.	LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS C	ar prumosii absal hrmorsha and paralysis	gs_	2 days				
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from an deceased alive on the date stated above 23A. SIGNATURE  23B. ADDRESS  24A. BURIAL, CREMA- 24B. DATE  124C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, of courts)  Tiferes Israel —Rosedale Baltimore, Md.  Application (State 25. FUNERAL DIRECTOR)  Application (State 25. FUNERAL DIRECTOR)	19A. DATE OF OPERATION   19B. MAJO			20.	AUTOPSY?			
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of court) (State TION, REMOVAL (Specify) To 7- 7-50 Tiferes Israel -Rosedale Baltimore, Md. Appless 25. FUNERAL DIRECTOR Appless 26. Appless 2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK 1. 19/7, to fully 6, 19 To that I last saw the deceased alive on rules (4, 19/7), and that death occurred at 6, 19, 70, the gauses and on the date stated above.							
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7- 7-50 DATE RECEIVED BY REGISTRAR'S SIGNAT	24c. NAME OF CEMETE Tiferes Israel	RY OR CREMATORY 24D. LOCATION  -Rosedale Baltimor	(City, town, or court)	7-1950			
VS 150	JUL 7 - 1950   rtustingto	Miliana, M.	Sol. Ferrison + 75ro	a. W.Nor	th are.			



4	12		13	wise Mind	an July 10th.		
,			1	BALTIMORE CITY	HEALTH DEPARTMENT	5	0 5965
BI	RTH NO.	5965		CERTIFICA	TE OF DEATH	Registered No	
	NAME OF D ype or Print)	LONIE	PHILLIS			2. DATE OF DEATH JULY	511350
	PLACE OF D		. 0	. md.	4. USUAL RESIDENCE (		stitution: residence before admission)
В.	FULL NAME OSPITAL OR			titution, give street addres	sor Marylan	nd	
	STITUTION	Mercy	Homai	tal.	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give township)
100				Yı	D. STREET ADDRESS (I	f rural, give location)	1
c	ngth of s	tay in Baltim	ore 43	yrs. Me	os. 556 W.	Biddle St	t. 2000
5.	SEX	6. COLOR OR		GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years     Il last birthday)   Mon	nder I Year   H Under 24 Hours ths: Days   Hours   Min.
	-	Colored	- 00	udour	29 May 1895	55	
		CUPATION (Giv of working life, even i		IND OF BUSINESS OR	TRY -	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME	U.S.A.
	Will	iam W	001010		Fmma R	assolesse	
15 (Ye	. WAS DECEASI	ED EVER IN U.S			17. INFORMANT	A STATE OF THE STA	15 E/G -
(10	No	(11 700) 8110 #8		SECURITY NO	mattie Jas	Vse - Be	dele st.
	18. 26	ox,		CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDI		TLY			1. 1.
	heart failu	s not mean the are, asthenia, etc.	mode of dying It means the d	isease,	ema	***************************************	I wh.
	injury or	complication v		leath.) DUE TO			
Z		ANTECEDENT	CAUSES	(B) inter	capillary clome	rule o clino	12 yrs.
TIO	RISE TO T	S OR CONDITI	SE (A) STATIN	GIVING DUE TO	1.9		<b>d</b>
CA	UNDERL	YING CONDIT	ON LAST.				
LIF		п		(c) . die	bette mille	t	15 hr
ERTI		GIGNIFICANT					
U		F OPERATION		JOR FINDINGS OF O	PERATION		20. AUTOPSY?
AL		~	Y				YES NO
EDICA	HOMICIDE	ENT. SUICIDE. (Specify)	21B. about h	PLACE OF INJURY (e. ome, farm, factory, street, office b	g., in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
ME	21p. TIME	(Month) (Day)	(Year) (Hour)	21E. INJURY OCCU	IRRED 21F. HOW DID INJUF	RY OCCUR?	
	INJURY			MHILE AT NOT WE			
	22. I hereb	n certify that			July 5 , 1950, to 1	uln 5 1950	that I last saw the
		live on July	5 , 195	and that death of	courred at 8.10 Am., from	the causes and on th	
	23A. SIGNA	TURE	010	0	238. ADDRESS	mital	23c. DATE SIGNED
24	BURIAL.	CREMA- 24B.	ATE /	24G NAME OF CEM	ETENY OR CREMATORY 240		r county) (State)
1/2	REMOVAL (S	2. 7/	10/50	mo.	Calvoil a	edou It	ceo wa
D	ATE RECEIVE	D BY   REGIS	TRAR'S SIGN	Come 191/11	25. FUNERAL DRECTOR	2.4-1.	ADDRESS O
	CAL REGIST	950	Thurthe of	on / mushus , Mb	W. wyar	sieaa -	710-
	VS 150		nov.	in my sold in Makha	1 Quied vi	Ville au	41. 61
				0 0 0	1 Marie	V	



1	00.						
	50	5966			ALTH DEPARTMENT	Registered No.	5966
ВІ	RTH NO.		Don't	CERTIFICATI	- OF DEATH	registered Noz	
	NAME OF D ype or Print)	eceased HENRY	NEAT.			OF July 4	1th.1950
	PLACE OF D				4. USUAL RESIDENCE (		
B.	FULL NAME		tal or instituti	on, give street address or	Md		
	STITUTION	813 Asqu	ith St	location)	c, CITY OR TOWN	f outside corporate limits, w	rite RURAL and give township)
0	0				Balto.	10-01	
			00	Yrs. Mos.	D. STREET ADDRESS (If		
C.	ength of s	tay in Baltimore	20y	CS Days Days	1224 Ashla		n 1 Year   M Under 24 Keurs
٥.	A A	6. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	~	last birthday) Month	s Days Hours Min.
10	A LISUAL OC	CUPATION (Give kind o	Marr	7.70	July 5th, 189		29 CITIZEN OF
	done during most of	of working life, even if retired		OF BUSINESS OR INDUSTRY	TI. BINTIFEACE (State of 1	oreign country)	WHAT COUNTRY?
13	Barber FATHER'S N	JAME	Hai	r Cutting	S.C.	IAME	.S.A
, .		nrv Neal			Agnes		
15 (Yes		D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	(Cousin)	ESS
N		No	on or borvico,	SECURITY NO.	Mrs. DDanibl/A		
	18. 15	1 X		CAUSE	OF DEATH	Andrew Contraction of the Contra	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	/		1	ONSE! AND DEATH
	(This does	LEADING TO DEA		(A) Care	inoma 1 8	tomad	
		re, asthenia, etc. It me complication which			,		
		ANTECEDENT CAU	SES				
ERTIFICATION		S OR CONDITIONS, THE ABOVE CAUSE (A					
A		YING CONDITION L					
F				(G) Se 0	Indoen and	2111.7	
E	OTHER S	II SIGNIFICANT CONE	ITIONS CON		)		
CEI	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				FINDINGS OF OPER	ATION		20. AUTOPSY?
Y S						(74 : 75 W. C.)	YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
Σ		(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		m.	WHILE AT WORK AT WORK			
	22. I hereb	u certifu that I at	tended the	deceased from	ne 1948 to	June 27, 19 JU, t	hat I last saw the
	deceased a	live on June 2	7. 1910	and that death occur	rred at & m., from	the causes and on the	date stated above.
	23A. SIGNA		2		3B. ADDRESS	1 3	3c. DATE SIGNED
24	IA. BURIAL.	CREMA- 24B. DATE		M. D.	RY OR CREMATORY   24D. L	OCATION (City, town, or	county) (State)
_	on REMOVAL (S	7/7/5	50	Mt. Aubrn	Com Roll	to. Md	
	ATE RECEIVE	D BY   REGISTRAF	SSIGNATL		25. FUNERAL DIRECTOR	A	Carrollton
JÚ	7 - 19!	50 tunto	iston /	llians, MA	C'has. Xflire	The 512 N.C	ave.
	VS 150		0	Try with C		,11	P.
			LO E	1408 =	5067	46	10



363

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5967 Registered No.

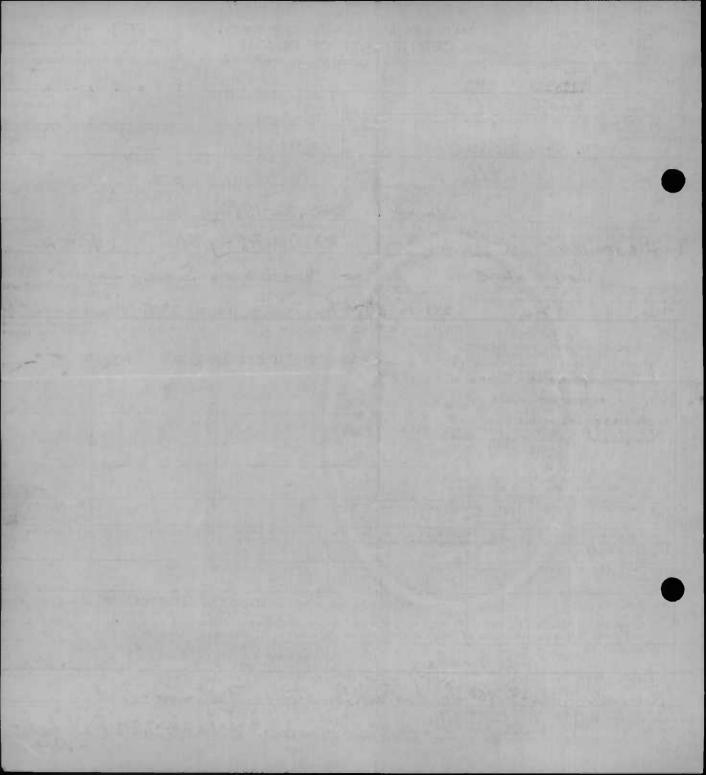
В	IRTH NO.	<b>32</b> (1)1 10/(1)	OI DEXIII		
	NAME OF DECEASED Type or Print) CHARLES	W. GODDARD		OF DEATH	
	. PLACE OF DEATH: . Baltimore City, Maryland	314 Morroll Phase	4. USUAL RESIDENCE (V	Where deceased lived. If in	stitution : residence refore admission)
H	FULL NAME OF (If not in hospi OSPITAL OR NSTITUTION	tal or institution, give treet address or Ballo, Martion)	c. CITY OR TOWN (If	ovsell fa	write RURAL and give
_		Yrs.	D. STREET ADDRESS (If rural, give location)		
c. ength of stay in Baltimore 25 Mos. Days.			25-52		
5	M 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH Fel 13, 1910		nder i Year hs Days Hours Min.
1 (	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF WHAT COUNTRY
1.	3. FATHER'S NAME		St. Marge C	ety Md	45.4.
1.	M. I V	11.1	14. MOTHER'S MINDEN N.	AME .	
13	5. WAS DECEASED EVER IN U. S. ARME	D FORCES?   16, SOCIAL	17. INFORMANT	Corre	DRESS,
(Y	(If yes, give war or date	es of service) SECURITY NO.	Manley X	Taddard !	814 / Lines
	18. /63 X		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode	of dying, e.g., (A)	curoma of	Lung	6 marth
	heart failure, asthenia, etc. It me injury or complication which	ans the disease, caused death.) DUE TO	0	T	
	ANTECEDENT CAUSES				
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					133
		(C)			
ERT	OTHER SIGNIFICANT COND	DITIONS CON-		4-1	
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			••••••	
7	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e. g., in		If in Baltimore City, giv	
MEL	HOMICIDE (Specify)	about home, farm, factory, street, office bldg., et	(c.) INJURY OCCUR?		
4	21D. TIME (Month) (Day) (Year INJURY		21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that Lat	to the decidence of the second	1950, to		that I last saw the
	deceased alive on 23	, 1950, and that death occur	red at ( .XV) m., from to	he causes and on the	date stated above.
	John P. Urles	k. h. M.D.	1227 Wash.	Blid	7.6.50
	AA. FURIAL, CREMA- ON PEMOVAL (Specify)	1950 Vorraine	or CREMATORY 24D. L.	OCATION (City, town, or	el Rel-
DL	ATE RECEIVED BY REGISTRAR		25. FUNERAL DIRECTOR	D. 1306	Vomeslead
	VS 150	TOTAL AND ADDRESS OF THE PARTY			BISTS
		58124	15 0 6 8	479	succe Indi

THE PROPERTY AND A SECOND SEC. ALL RUITED OF THE LEADING A THE RESERVE THE PARTY OF THE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF (Type or Print) July 5, LANG DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION Baltimore St. Agnes Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 136 Frederick Avenue ngth of stay in Baltimore Days 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE SINGLE, MARRIED WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work doned wrips most of working life, oven if retired) Pittelrug Plate. INDUSTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) 213-10-548 no CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [] aecident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR ... 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CREMA-24B. DATE

VS 151

LOGALIREGISTRAR



50	5969
	SUUGO

		50	59	69
BIRTH	NO.			1,50

U	2 0000		CERTIFICAT	E OF DEATH	Registered	NO.
BIRTH NO.						
<ol> <li>NAME OF D (Type or Print)</li> </ol>			at the same of the		2. DATE.	
		ER WAGI	NER		DEATH JULY	7 5, 1950
8. PLACE OF D	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence
B. FULL NAME		al or institut	ion, give street address o		B. COUNTY	before admission)
HOSPITAL OR	O, (at not in hoopit	as or subtruct	location		(If outside cornorate lim	its, write RURAL and give
INSTITUTION	Franklita S				Cl A	township)
54-	Franklin S	quare		Baltimore		1
			Yrs. Mos.	o. STREET ADDRESS		
	tay in Baltimore	65	Days	3222 Belair	Road	
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Male	White		/ED, DIVORCED (Specify Arried	July 16, 1869	80	Ionths Days Hours Min.
IOA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State o		
ork done during most o	of working life, even if retired)	TOB. KINE	INDUSTR	III. BIRTHPEACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Butcher-re		E Harrison III		Germany		
13. FATHER'S	NAME	Agree 1		14. MOTHER'S MAIDEN	NAME	
Conrad V	Nemer			Uolam Dlam		
5. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Helen Blum		
es, no or uokoowo)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No				August C. Wagne	r 7806 Clarks	worth Place
18. Hz	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DICTAG	E OF CONDITION	D.   D.   D.	OAGGE	OI BEATH		ONSET AND DEATH
	E OR CONDITION	TH .		Can		
(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	(A)		- Clare	12 hrs.
injury or	complication which c	aused death	e, ) DUE TO			
15 015 116	ANTECEDENT CAUS	ES	Ida	and an item in the same	000 15	
DISEASES	OR CONDITIONS, I	F ANY GIVIN	(8)			
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
UNDERLY	ING CONDITION LA	ST.	(c)	ancestar dis	une	2 pera.
-						
	Ш					
OTHER S	IGNIFICANT CONDI	TIONS CON	1 ·			
TO THE O	SEASE OR CONDITION	CAUSING I	T			
19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
						YES NO P
21A. ACCID	ENT WAS UNDER-	1 218. PLA	CE OF INJURY (e. g.,	io or   21c. WHERE DID	(If in Baltimore City,	
LYING OF	R CONTRIBUTING	about home,	arm, factory, street, office bldg.	etc.) INJURY OCCUR?	(-1 11 2411111011 010),	give exact location)
CAUSE OF			Contract Con			
21D. TIME (	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DID INJU	RY OCCUR?	
11450111			WHILE AT NOT WHILE		-	
		m.	WORK AT WORK	0.6		On a
22. I hereb	y certify that I att	ended the	deceased from	, 1945, to_	7-5, 19	that I last saw the
deccased al	ive on 7-5	, 19.50	and that death occu	rred at 9:50 A-m., from	the causes and on	the date stated above.
23A. SIGNAT	TURE (	n		23B. ADDRESS		23c. DATE SIGNED
	Mother"	nos	N. O.	3105 Belai	w Rd	7-5-50
24A. BURIAL	REMA- 24B. DATE		24C. NAME OF CEMETE		LOCATION (City, town	
ion, removates Burial	pecify)					, , , , , , , , , , , , , , , , , , , ,
	July 8,		Immanuel		timore, Md.	
OCAL REGIST	D BY REGISTRAR	SIGNATU	RE	25. FUNERAL DIRECTOR	₹	ADDRESS
11117-	1950 1	ator No	Marie, Mill	Ullrich Funeral	Home 2008 0ml	cans St
V6 150	The same of the sa	A	. 3	, autorer	ALOME AJOOU OF I	cano co.
VS 150	THE LOW	· 1 (1)	A SECTION ASSESSMENT OF STREET			920
		417.145	0.0	0 0 7 6		121
		- 185 A	Armid Alberta Charles			

NOT A MEDICAL EXAMINER'S CASE

₩.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

22. I hereby certify that I attended the deceased from_ deceased alive on

30 Pm., from the courses and on the date stated above. 1950, and that death occurred at 23B. ADDRESS 3c. DATE SIGNED wer 6,1950 4504

24A. BURLAY, CREMA-24B, DATE

24c. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town for county)

TION, REMOVAL (Specify) 7-8-500

Md.

Buriel
DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURE

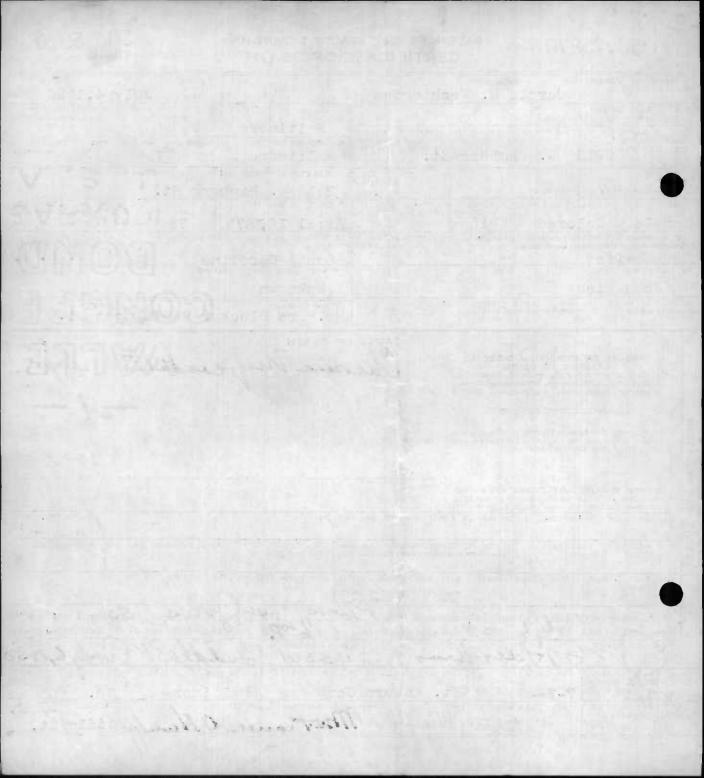
Mt. Auburn Cem 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

ADDRESS 578 W.

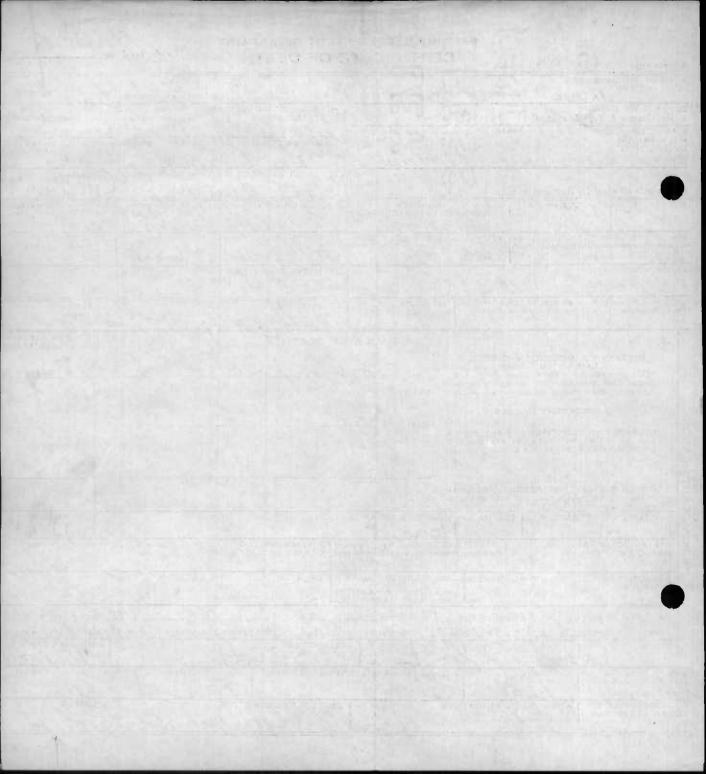
VS 150

Sil - The Wanted States 1 . 2149 7.

Jense Biddle



5971 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE RODERICK J. MURIARTY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence S. B. G. H. A. Baltimore City, Maryland B. CQUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) Afoutside corporate limits, write RURAL and give INSTITUTION JOUTH BALTIMORE GENERAL HOSPITAL D. STREET ADDRESS/ (If rural, give location) Yrs. [Houghton 1 Mos. ngth of stay in Baltimore onlon 6. COLOR OR RACE 5. SEX H Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) Months Days last birthday) Hours! Min. ec 20-1901 MARRIE 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? innine ELERIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INURIAR T MAFER WILLIAM FSTELLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from June 30, 1950, to July 7, 1950, that I last saw the deceased alive on July 1950 and that death occurred at 1: 25 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE ours DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC ADDRESS



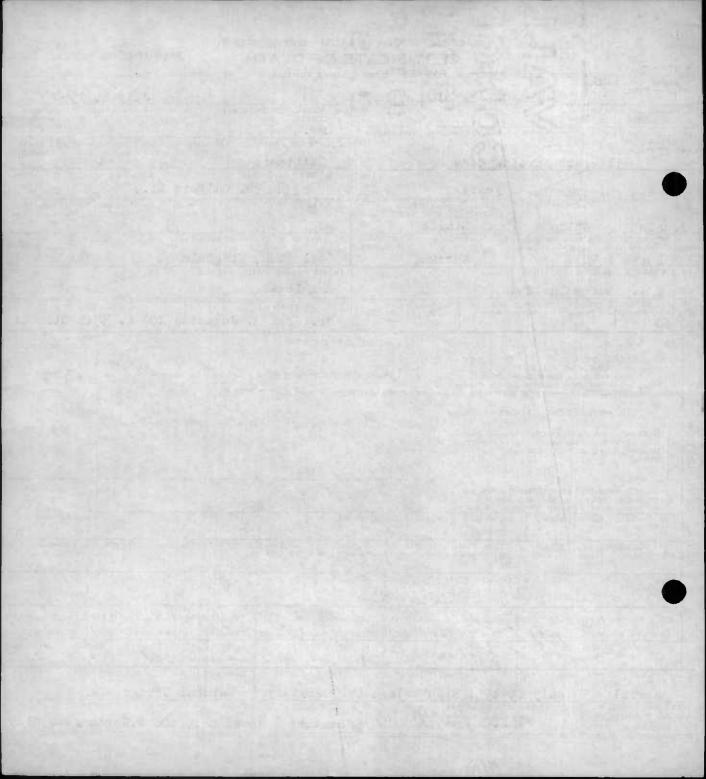
6	52						
ВІ	50 RTH NO.	5972	BAI	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	50 5972 50-5972
	NAME OF D	ECEASED	0 1	MINE DA	DACER	2. DATE OF L.O.	2 1052
	PLACE OF D	EATH: City, Maryland	LAL	VIV DA	4. USUAL RESIDENCE (	Where deceased ived, it	
В.	FULL NAME OSPITAL OR			don, give treet address or location	maryla	mol	before admission)
	STITUTION	1409 11.	Patai	ofte Mr.	GO PLANAMO	f outside corporate limit	s, write RURAL and give
		70   00	o and	Yrs.	D. STREET ADDRESS (1)	rural, give location	1 1-10
5,	SEX O	tay in Baltimore 6.COLOR OR RACI		A Pers	8. DATE OF BIRTH		Under I Year   If Under 24 Hours
	male	Colored	Mo	VED, DIVORCED (Specify)	Sept. 15, 188		nths Days Hours Min.
wor)	A. USUAL OC	CUPATION (Give kind of war ing life, even if retire	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign (ountry)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	I ha	null	14. MOTHER'S MAIDEN N	A CY I	U.S.A.
	-				-		
(Ye	, no or unknown)	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	Tarayette A
	18.			212-07-9697 CAUSE	Mrs.Estella L	-Farnes-14(	INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DE					ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						18 mos.
7		ANTECEDENT CAL	JSES	, Nephr	itis		2 yrs.
RTIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION	) STATING T	NG (B)			~ J. 1. 3. •
TIFI		11		(C)			
Ш	TRIBUTING	SIGNIFICANT CON	T NOT RELAT	ED Arteri	osclerosis		?
L C		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL		ENT, SUICIDE,		ACE OF INJURY (e. g.,		If in Baltimore City, g	YES NO Sive exact location)
MED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	21D. TIME	(Month) (Day) (Yea		WHILE AT NOT WHILE		Y OCCUR7	
	22. I herch	u certifu that I a	m.	deceased from	-]4, 195Q to	7-3- 19.5	Othat I last says the
	deceased al	live on 7-3-		and that death occu	rred at 9:50 Pm., from		he date stated above.
	23A. SIGNA	TURE CO.	S. Caraca	how M.D.	Lo 3 Qh. Par	0115+	7-3-50
24 TIC	A. BURIAL.	CREMA- 248. DATE		4c. NAME OF CEMETE	RY OR CREMATORY   240. L	OCATION (City, town,	
_	Burial	7-	7-50		emorial Park	Balto. Co.	ADDRESS
Lo	7-7-50	RAR		illiams.M.D	Holland Fune	ral Home	Druid Hill
	VS 150			0 0 0 7			93D.

50 5973

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

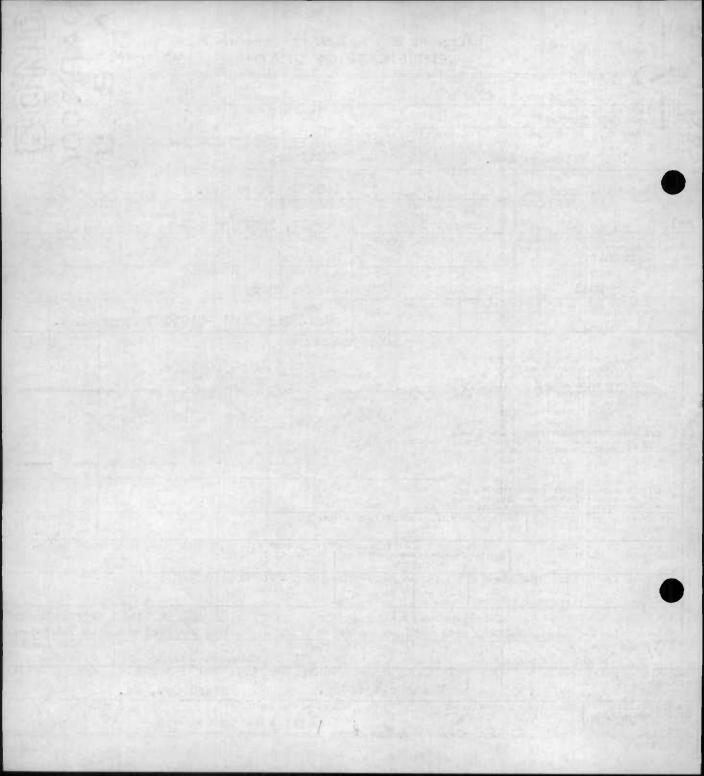
Registered No. 5973

В	RTH NO.			CERTII ICATI	- OI DEATH		
	NAME OF D	ECEASED	12.20			2. DATE OF	
	ype or Print)		ICES TA	YLOR DAVIDSON		DEATH July	
A.		City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution; residence before admission
	FULL NAME OSPITAL OR			ion, give street address or location)	Md.	f outside corporate limit	ts, write RURAL and give
IN	ISTITUTION	The state of the s	1			2 0	township
10	11	llcrest Nursi	ng Hom	Yrs.	Baltimore D. STREET ADDRESS (I	f rural, give location)	
c.		tay in Baltimore	years	Mos. Days	3105 N. C	alvert St.,	
5.	SEX	6. COLOR OR RACE		E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	If Under 1 Year   If Under 24 Hours on the Days   Hours   Min.
	Temale	White		ingle	Aug. 1870	79	
1 C worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Nurse	(RN)	N	ursing	Lexington, Vir	ginia	USA
13	FATHER'S	IAME			14. MOTHER'S MAIDEN N	NAME	
	Col. A	ndrew Davidso	on		Ann Logan		
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
,	NO			SECURITY NO.	Mr. John A. Jo	hnston 103 W.	39th St. Cit
	18. 4	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode of the complex of the complication which to	TH of dying, e. ( ns the diseas	se,	unches lie Con	harrels k	
ERTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI	STATING THE	(C)	erelysel less		<b>4</b>
CE		S TO THE DEATH, BUT			······································		
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21a. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
Σ	INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		Y OCCUR?	
		y certify that I att	ended the	deceased from	red at 7 45 m., from	July 6, 19.5	e, that I last saw th
	deccased a		1 1	- 12	3B. ADDRESS	the causes and on t	23c. DATE SIGNED
	19	enrys 14. 1	Mes	myse	20 E. Pres.	low SI	7/7/50
2	4A. BURIAL, ON, REMOVAL (S	Specify)			RY OR CREMATORY 24D.	LOCATION (City, town	
_	Burial			High Bridge Ch		tural Bridge,	
	ATE RECEIVE		SSIGNATI	- R//1 · //	25. FUNERAL DIRECTOR		orth Ave., City
	VS 150		W	- 10 miles of the seconds of	6 5 7 7		93)
							1



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

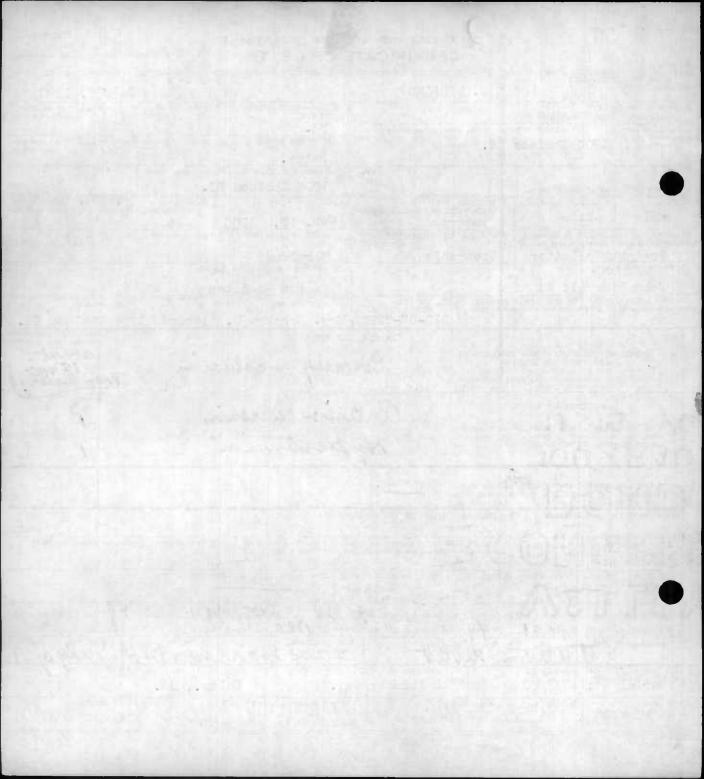
ВІ	RTH NO.			CERTIFICATI	- OF DEATH	registereu	110
	NAME OF D	ECEASED	i Bu	//		2. DATE OF DEATH	July 6, 1950
A. B.	FULL NAME	City. Maryland	tal or institut	ion, give street address or	A. STATE	B. COUNTY	before admission)
	STITUTION	026 Whitmore	Ave.	location)	Baltimore	16	its, write RURAL and give township)
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III 1026 Whitmore A	ve.	
me	sex	white	WIDOW	E, MARRIED, ZED, DIVORCED (Specify) Pried	May 17, 1877	73	N Under I Year K Under 24 Hours Months: Days Hours: Min.
10 rorl	done during most	CCUPATION (Give kind o of working life, even if retired enter	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Tego	o Bull			Martha Tracy		
15 Yes	. WAS DECEAS , no or unknown) NO	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Bull		ADDRESS more Ave.
CERTIFICATION	heart failt injury or DISEASE RISE TO UNDERL	es not mean the mode ure, asthemia, etc. It me complication which ANTECEDENT CAUSES OR CONDITIONS, THE ABOVE CAUSE (A.YING CONDITION L.SIGNIFICANT CONE GETO THE DEATH, BUT DISEASE OR CONDITIONS	ans the diseas caused death SES IF ANY, GIVIN ) STATING TI AST. DITIONS COI	(B)			ν. 
AL C				FINDINGS OF OPER			20. AUTOPSY?
EDIC	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	, give exact location)
2	P. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
(	22. I herel deceased a 23A. SIGNA		1954	and that death occur	3B. ADDRESS		
710 TIC	on REMOVAL (Buria.	Specify) 7/10/5		24c. NAME OF CEMETE Meadowridge		ward Co., Md	
D.	ATE RECEIVE	PS0 REGISTRAR	'S SIGNATU	JRE	25 FUNERAL DIRECTOR	kner So	ADDRESS WALL
	VS 150		8	Later of Publishing And S	1024 1 5		93) Md.



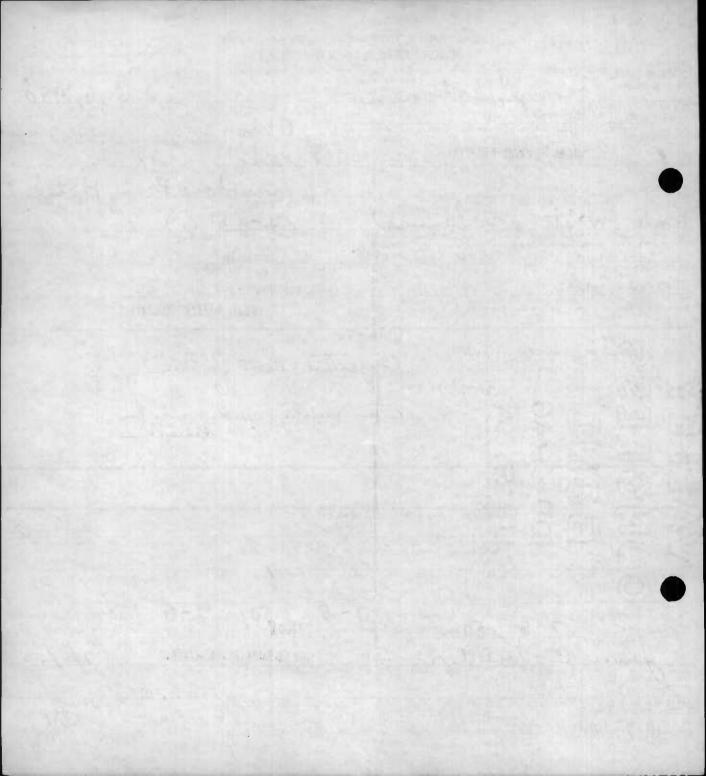
163	5975
BIRTH NO.	

50 5975

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered N	To
1. NAME OF DECEASED (Type or Print)  JOH	N C. NIPPARD		2. DATE OF DEATH Jul	ly 6, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital HOSPITAL OR 1906 Chelsea	location	c. CITY OR TOWN (If Balto.	outside eorporate limits	s, write RURAL and give
ath of store in Politics	Yrs. Mos.	D. STREET ADDRESS (If I	The state of the s	
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 12. 1906	9. AGE (in years) #	Under 1 Year H Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  Freight Solicitor	ов. KIND OF BUSINESS OR INDUSTRY Steamship	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  John Ringgold Nippar		14. MOTHER'S MAIDEN NA Fannie Hamilton		
15. WAS DECEASED EVER IN U. S. ARMED I Yee, no or unknown) (If yee, give war or dates o	FORCES?   16. SOCIAL	17. INFORMANT Mrs. Dorothy R. 1	AC	Chelsea Rd.
heart failure, asthonia, etc. It means injury or complication which can ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	e on c	P P		
194. DATE OF OPERATION 191	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR1	f in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (I	Mour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	
22. I hereby certify that I attendeceased alive on 677 9, , 23A. SIGNATURE	1949, and that death occur	730, 1947 to up red at 120 a.m., from th 3B. ADDRESS 2228 Lann	he causes and on the	I that I last saw the date stated above
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BUT 181 7/8/50	24c. NAME OF CEMETE Baltimore Co		CATION (City, town,	of county) (State)
DATE RECEIVED BY REGISTRAR'S	SIGNATURE VILLAME, HUT	25 FUNERAL DIRECTOR.	dener I So	N Pally
VS 150	38053	5 6 7 6	94	La Ma.



-324	0 -
50 5976 BALTIMORE CITY HEALTH DEPARTMENT	5976
CERTIFICATE OF DEATH  Registered	No.
1. NAME OF DECEASED (Type or Print) Sewane Batchell, 2. DATE OF DEATH IN	lx6,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limited)	its, write RURAL and give
INSTITUTION INMS HOPKINS HOSPITAL Toledo	township)
yrs. Mos. Days  D. STREET ADDRESS (If rural, give location) Days	H +0.
	ly lader I Yest   If Under 24 Hours   Idea that Days   Hours   Min.
male White Widowed (Specify) 1-24-83 (67)	daths: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
President Toledo Engineering West Virginia  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Elmer Batchell Ellen Bowers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Selement Pro-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONSET AND DEATH
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, bloom, farm, factory, street, office bldg., etc.) INJURY OCCUR?	give exact location)
LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7-5, 150, to 7-6, 195 deceased alive on 7-6, 1950 and that death occurred at 720, m., from the causes and on 23A. SIGNATURE  23B. ADDRESS  23B. ADDRESS  19HIS ROPKINS HOSPITAL	that I last saw the the date stated above.
M. D. JURIO ROTAINO ROSTINO	
24A. BURIAL. CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (City, tow)	n, or county) (State)
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town TION, REMOVAL (Specify) Removal 7/7/50	
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town TION, REMOVAL (Specify)	Appress



50 5977

BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

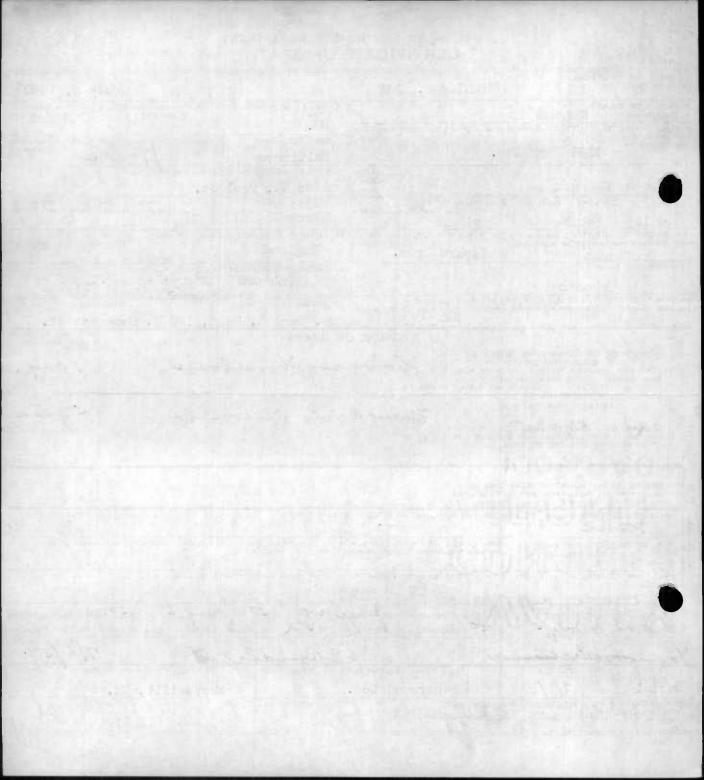
Registered No. 5977

	e or Print)	ECEASE		LAWR	ENCE VIRGIL SE	TPP	OF DEATH	July 6	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (W			residence re admission)
в. F	ULL NAME		-	tal or institu	tion, give street address or	Md.			100
HOS INS	TITUTION				location)	C. CITY OR TOWN (If	outside corporate lir	nits, write RUI	RAL and give township)
1)	0	18	318 E. 2	9th St.		Baltimore	4.	-06	(Ownship)
c.	eth of s	tav in	Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 1818 E. 29th St			
5. 5			OR OR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year	If Under 24 Hours
	male	whi	te	WIDON	VED DIVORCED (Specify)	Aug. 17, 1876	last hirthday)	Months Days	Hours Min.
vork d	one during most o	f working	ION (Give kind o life, even if retired Conducto	)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZE WHAT	COUNTRY?
	FATHER'S N					14. MOTHER'S MAIDEN NA	AME		
	-	Se	eipp			Unknown			
15.	WAS DECEASE	D EVER	IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(106, 1	no or unknown)	(11 361	, give wer or dat	es of service)	SECURITY NO.	Mr. Virgil Seip	p 1818 E.	29th St	•
1	B. 42	2 2	/		CAUSE	OF DEATH	10		AL BETWEEN
	DISEAS	E OR	CONDITION	DIRECTLY	- 0		-1-1	ONSET	AND DEATH
	(This does	LEAD!	NG TO DEA	TH of dving, e.	8. (A) Chr	ome myor	ordell	2	
	heart failu	re, asthe	nia, etc. It me ation which	ans the diseas	se,		***************************************		
					m.) DOE 10	0			where a
-		ANTEC.	EDENT CAU	SES					
ő	DISEASES	OR CC	NDITIONS,	IF ANY, GIVII	(B)	***************************************	***************************************		
F	UNDERLY	ING CO	VE CAUSE (A)	STATING T AST.	HE DUE TO				
<u>0</u>  _					(C)		444444444444444444444444444444444444444		
			11						
2			CANT COND						
<u></u>	TD THE DI	SEASE I	DR CONDITIO						
	19A. DATE O	F OPER	RATION	19B. MAJOR	R FINDINGS OF OPER	ATION		20. A	UTOPSY?
PICA PICA	21A. ACCID	ENT W	AS UNDER-		ACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City		
A F D	LYING OF	CONT	RIBUTING	about home,	farm, fectory, street, office bldg.,	etc.) INJURY OCCUR1			
	ID. TIME (	Month)	(Day) (Year	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	MSORT			m.	WHILE AT NOT WHILE				
	22. I herch	u certi:	fu that I at	tended the		ne 27 1950 to 8	uly 5, 19	SU that I le	ast saw the
	deceased al				and that death occur	7 , 20 7/	he chuses and on		
	23A. SIGNAT		0 1	7		3B. ADDRESS	0		TE SIGNED
	1	10	seph	No	wheel M.D.	444 S. Elleva	od av	July	17-50
24A	. BURIAL.	REMA-	24B. DATE		24c. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, tov	vn. or county)	(State)
1101	Buria		7/10/	50	Cathedral C	em. Bal	to. Md.	0	7
	E RECEIVE		REGISTRAR		URE,	25. FUNERAL DIRECTOR	. 1 01	ADDRESS	100
111	AL REGIST	EO	thint	vator /	Missill, Mills	W/Vm. X.	chur V	Som.Va	eary,
JU	VS 150	<del>3U</del>		0	The of the ball of the	7777			MA
	V3 150		4 35, 79. 1	£15	63151	V	9	3)	11001-

0	00
	5978

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered	l No	
1. NAME OF DECEASED (Type or Print)	WILLIAM J. BRAY		2. DATE OF DEATH	July 6,	1950
S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospits	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived, B. COUNTY		residence re admission)
HOSPITAL OR INSTITUTION 1301 Park A	location)	c. CITY OR TOWN (If Baltimore	outside corporate lin	mits, write RUI	RAL and give township)
c. gth of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If			
male   white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	March I5, 1879	9. AGE (in years last birthday)	Months Days	H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Givekiod of ork dooe during most of working life, even if retired)  Draftsman	108. KIND OF BUSINESS OR INDUSTRY Caplan Bros.	11. BIRTHPLACE (State or for England	reign country)	12. CITIZI WHAT	OF COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NA Unknown	AME		
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or uokoowo) (If yes, give war or dates	FORCES? 16. SOCIAL OF SECURITY NO.	17. INFORMANT Mr. Carl L. Red	d. 100 W. M	ADDRESS	St.
LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can be added to the second	ANY, GIVING STATING THE DUE TO  ES  CANY, GIVING STATING THE DUE TO  CO  CO  CO  CO  CO  CO  CO  CO  CO	rang Thrombo		50	years.
TO THE DISEASE OR CONDITION				YES	UTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e.g., in about home, farm, factory, etreet, office bldg., et		f in Baltimore City	y, give exact I	ocation)
210. TIME (Month) (Day) (Year) OF INJURY	m. WHILE AT NOT WHILE		OCCUR?		
	, 19 so, and that death occur	red at 3 2 m., from t	ne causes and on		ated above.
Helena F. Melina	M. O. 6	EBeddle.	SX	7/6	TE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/7/50	Sherwood Cem.	· Cool	CATION (City, to keysville,	Md.	
LOCKII REGISTANDA	signature for Milianus, Mat	25 FUNERAL DIRECTOR	lever Y &	MO US	ally,
VS 150	03524	7 0		94a	·ma.



-	A	1
5		0
1		

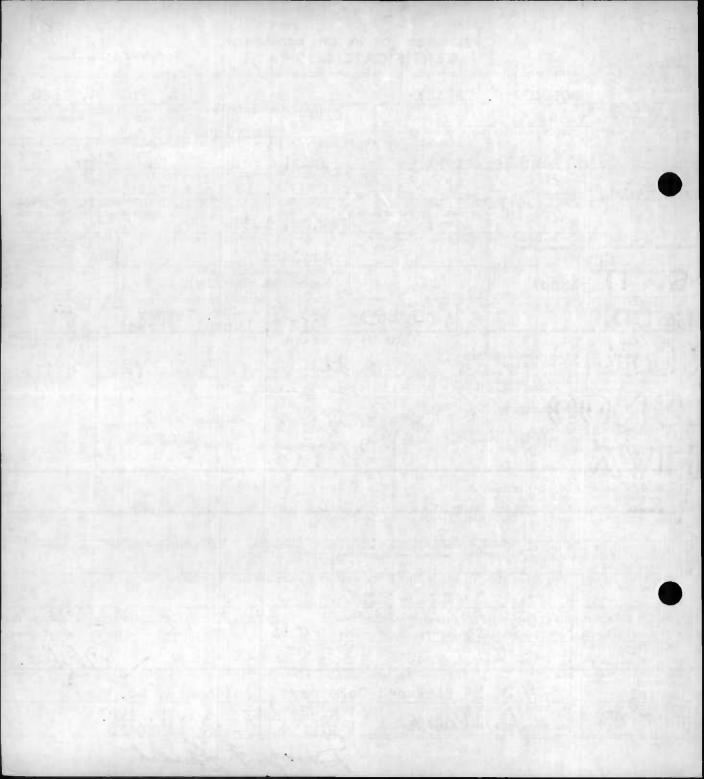
50	5979
	0010

	DAI	TIMODE CITY HE				74	5979
50 NO 5979	BAI	CERTIFICATI			Registere		0010
1. NAME OF DECEASED (Type or Print) S(	DLOMON F. TA	AWNEY			2. DATE OF DEATH JU	ly 4,	1950
3. PLACE OF DEATH: A. Baltimore City, Mar	yland		4. USUAL RESI	DENCE (W	here deceased lived.	. If institution	
		ion, give street address or location)	c. CITY OR TOV	aryla:	outside corporate li		
2009 E.	Lanvale St		Baltimo		0	-06	township)
c. eigth of stay in Ba	ltimore	Yrs. Mos. Days			ural, give location) ale Stree		
5. SEX 6. COLOR		E, MARRIED, VED, DIVORCED (Specify) OWET	Feb. 9, 1	тн .860	9. AGE (In years last birthday)	if Under I Yea Months: Da	lt Under 24 Hours Lys Hours Min.
TOA. USUAL OCCUPATION work done during most of working life, watchman	N (Give kind of 10B. KIND even if retired)	OF BUSINESS OR INDUSTRY	Maryland		reign country)	USA USA	TIZEN OF HAT COUNTRY
rederick Tax	vney		14. MOTHER'S I				
15. WAS DECEASED EVER IN (Yee, no or unknown) (If yee, gi	U, S. ARMED FORCES? ve war or dates of service)	16. SOCIAL 220-03-9122	17. INFORMANT	hur W	Tawney	ADDRESS	3
CThis does not mean heart failure, asthenis injury or complicati  ANTECED  DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	DIDITION DIRECTLY TO DEATH the mode of dying, e. i. a, etc. It means the diseas on which caused death ENT CAUSES  DITIONS, IF ANY, GIVIN CAUSE (A) STATING TH DITION LAST.	(B)	des-ru liseas janguen ganguen	rose	voscular de	r	mos.
TRIBUTING TO THE C	II NT CONDITIONS CONDEATH, BUT NOT RELATE CONDITION CAUSING I	EO					
19A. DATE OF OPERA	TION 19B. MAJOR	FINDINGS OF OPER	ATION				AUTOPSY7
21a. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21c. WHERE	DID (I	in Baltimore Cit	y, give exac	
210. TIME (Month) (INJURY		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW D	O INJURY	OCCUR?	34	
22. I hereby certify deceased alive on		deceased from and that death occur	1. 12.74	18 to In n., from th	ily 4, 19 ne causes and or		I last saw the
23A. SIGNATURE	a. Ba	wden M.O.	3 23 hes	ait!	lesp	23c.	DATE SIGNED
24A. BURIAL, CREMA/ 2. TION, REMOVAL (Specify) burial	7/7/50	24c. NAME OF CEMETE Parkwood Ce			imore, Md		ty) (State)
DATE RECEIVED BY R	EGISTRAR'S SIGNATU			'NDER	& SONS, I		ESS

the filler of the second

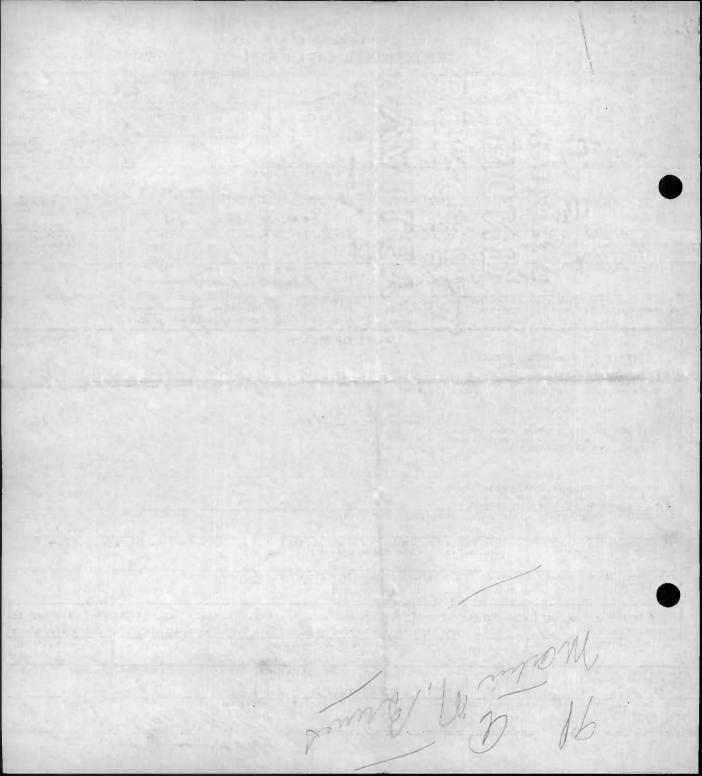
VS 150

Denge F. Jaules 131a



# Tighe

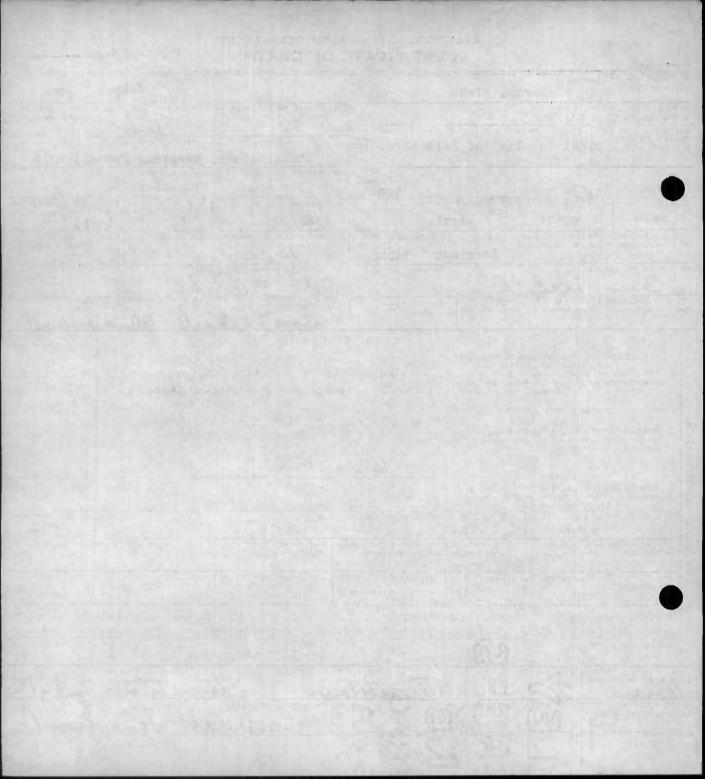
Carry C	3 5980	CERTIFICATE	E OF DEATH	· Registered No	0000
	NAME OF DECEASED		0	2. DATE O	- /
(T	D. C. A.	mas trigh	e	OF July	6/50
	. PLACE OF DEATH: . Baltimore City, Maryland	elsina	4. USUAL RESIDENCE (Whe	ere deceased lived. If histitut	ion: residence before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR NSTITUTION	institution give street address or location)	c. CITY OR TOWN (If ou	tside corporate limits, write	
5	Trong for the	/ aged	DALTO.	4-0	8 township)
10	gth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If run	ral, give location)	
5.	. SEX   6. COLOR OF RACE   7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	AGE (In years   K Under I You last birthday)   Months   D	eas   H Under 24 Hours ays   Hours   Min.
10		B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore)		TIZEN OF
or	k done during most of working life, even If retired)  Reflect 7	itle searcher	(3)		HAT COUNTRY
13	3. FATHER'S NAME	trights	14. MOTHER'S MAIDEN NAM		
15	5. WAS DECEASED EVER DU. S. ARMED FOR		17. INFORMANT Sulley	Danies ADDRES	S
Ye	(If yes, give war or dates of se	SECURITY NO.	1200 ga	le, fe	*
	18. 422, /	CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY	Janes Maria	idel.	3 //-
	(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	he disease,	some ray occ	wells	o gro.
	ANTECEDENT CAUSES	$\alpha$	to - Only		1/1
Z	DISEASES OR CONDITIONS, IF AN	(B)	MINO O'CUM	rolls	10 pls
4	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				
2					
Z T IE	OTHER SIGNIFICANT CONDITION	(C)			
	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED			
L		MAJOR FINDINGS OF OPER	····		O. AUTOPSY?
CA	A ACCUPANT CHICAR	AL DIACE OF INDIES (	Late Wilens Din (16)		ES NO
EDI		1B. PLACE OF INJURY (e. g., in out bome, farm, factory, atreet, office bldg., e		in Baltimore City, give exa	ict location)
2	21D. TIME (Month) (Day) (Year) (Hou			CCUR?	
		m.   WORK L AT WORK L			
	22. I hereby certify that I attended				
	deceased alive on July 0 , 19		38. ADDRESS		DATE SIGNED
	& Jell	Cotall M.D.	16218 Nou	-64 / Ca	146 1950
2. TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	ATION (City, town, of cour	nty) (State)
_	BURIAL 1-8-50		PAL -	C174	ece.
L	OCAL REGISTRAR'S SI	16000	25. FUNERAL DIRECTOR	ADDY ADDY	-/
2.	JUL Thouthington	~ / Yilliama, M.S.	fulle	rece & - 201	nd .
	VS 150	Annual Contract of the Contrac	- Lacen	f 22	-



16	9
50	5981

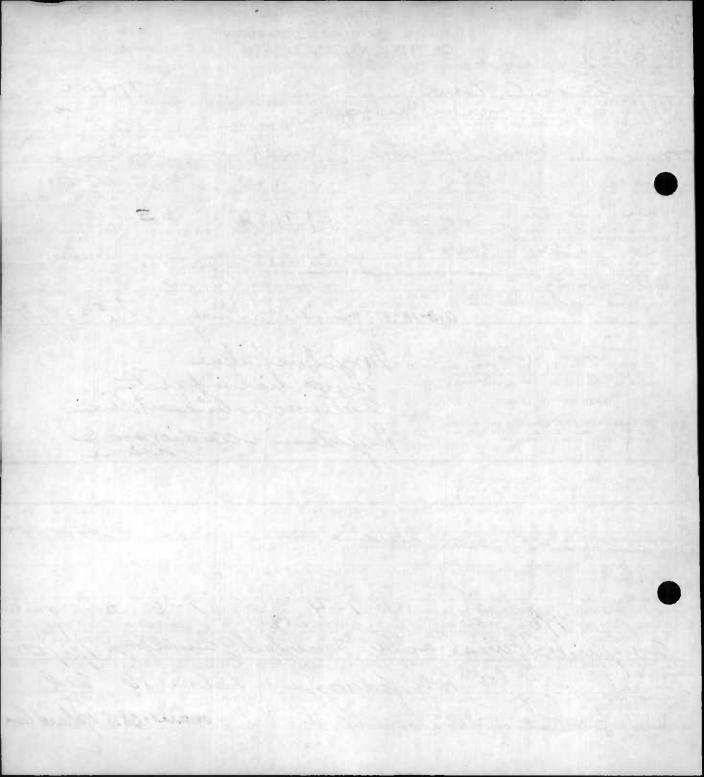
	50	5094
	UU	JJOL
Registered	No	

B	IRTH NO.	1.		CERTIFICATI	E OF DEATH	Registered	No
	NAME OF D ype or Print)	ECEASED Flahart	y, Fran	k		2. DATE OF Ju	ly 7, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE (V		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit Sinai Hospi	alor institut tal of	ion, give street address or location) Baltimore, inc	c. CITY OR TOWN (If	outside conforate lin	nic write RURAL and give
Ц	2				Stewartstown,		Pennsylvania
d	hgth of s	tay in Baltimore		Trs. Mes- ten Days	D. STREET ADDRESS (If	rural, give location)	
5.	male	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED.DIVORCED (Specify)	8. DATE OF BIRTH 5/23/90	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo		1 12. CITIZEN OF
W (04)	caret	of working life, even if retired)	Ameri	can Telephone	Maryland		WHAT COUNTRY?
_	Star.	3. Flahai	ty		14. MOTHER'S MAIDEN N.	che.	
15 (Ye	, no or unknown	EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					hus Corg I lak	arte Ste	wastitain 19
	(This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode ore, asthenia, etc. It mes complication which or	TH of dying, e. g ns the diseas		of DEATH Ensine Arterios Carcleo - Vascul	clisatic	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Cardiac Faline						
CER	TRIBUTING	GIGNIFICANT CONDIG TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
			98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City	, give exact location)
Σ	INJURY	Month) (Day) (Year)	m.	WHILE AT WORK AT WORK			
	deceased al		, 19 5 U,	and that death occur	red at 6 a.m., from t		
	23A. SIGNAT	Elman	8. Ber	myar ( M.D. 2	Sonai Herp	etal	7/2/5 0
	DEMOVAL (S	Decify) 7-10-	50	Stewarte	awn 50	walle	vn, or county) (State)
D.	ATE RECEIVE	950 REGISTRAR	tive to	Williams	Whener Director	abt Fu	re-fine Pe
	VS 150	i.,,	. 0 -	9705,	4 0 0 2		93)



VS 151

gotor sand their is all . "



50 598A

В	OF OF ORTH NO.			CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF D Type or Print)		. Mart	ha Bowers		2. DATE OF OF JUN	y 6, 1950
Α.		EATH: City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	
H	FULL NAME OSPITAL OR ISTITUTION	St. Paul 2305 St.	Conval	ion, give street address of escent Home treet Yrs.	c. city or town  Balt	(If outside corporate liminary)  imore 2  (If rural, give location)	nits, write RURAL and give township)
С	gth of s	tay in Baltimore	51	O vears Mos.		Evans Chapel R	pad
5.	Female	6. COLOR OR RACE White	WIDOW	E. MARRIED. /ED, DIVORCED (Specify	8. DATE OF BIRTH Feb. 23, 186	9. AGE (In years last birthday)	Months Days Hours Min.
ror	At Home	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
		Wample			Unknown		
15 (Ye	MAS DECEASI M, no or unknown)	ED EVER IN U.S. ARMED (1f yes, give war or dated	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Charles M. E		ADDRESS Evans Chapel Rd
FICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT is not mean the mode of the asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	H dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH	e, ) DUE TO	areoma,	retroperation	enl/y
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	0			
CAL	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. Accident WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING CAUSE OF DEATH						, give exact location)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from deceased alive on fully 6.1950, and that death occurred at 1:50p						to July 6, 19	the date stated above.
	23A. 81GNA	Elsword,	1	00k M.D.	243/ Na	restand and	23c. DATE SIGNED
71	on, REMOVAL (S Burial	GREMA- 24B. DATE Specify) July 8,		Woodlawn	ERY OR CREMATORY	Baltimore Co.,	
	ATE RECEIVE	D BY   REGISTRAR	SIGNATI	liams, Ald	Burgee Funer	CTOR	ADDRESS Falls Road

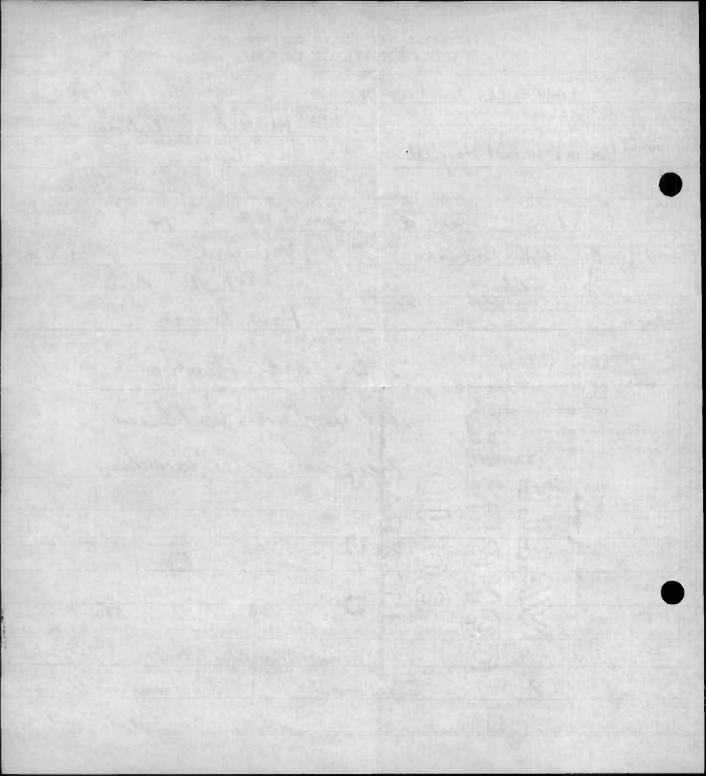
1 9 5 0 0 9 9 5 9 8 5

265 265 Letter in document file 50-5984-7/28/50.

eminur un le le litera litera altreside

attention of the same

0	46							
0	5095				ALTH DEPARTMENT OF DEATH	T Register	50 red No	5985
	NAME OF DECEA pe or Print)			Eichler		2. DATE OF	7-7-5	73
	PLACE OF DEATI Baltimore City,		ICE C.	DICHIEF	4. USUAL RESIDENCE	(Where deceased liv	ed. If instituti	
B. F	FULL NAME OF		al or institution,	give street address or location)	Manylan	1 Bal	timne	
		ion Menun	ial Hosy	ital	c. CITY OR TOWN	(If outside corporate	530	township)
c.	hgth of stay			Yrs. Mos. Days		(If rural, give location	h Sar	e
	M	COLOR DR RACE	mar	DIVORCED (Specify)	June 19, 1876	74	()   Months Da	ys Hours Min.
Pork	done during post of work	ing life, eyen if retired)	0	BUSINESS OR INDUSTRY	marylo		WH	L.S. A.
	FATHER'S NAM	ohn Eich	ler		14. MOTHER'S MANDEN	inabeth de	lavis	
(Yes,	was deceased () no or unknown) (1	ER IN U. S. ARMED f yee, give war or dates	FORCES? 16	SECURITY NO.	17. INFORMENT	Records	ADDRESS	5
	18. 420.	0		CAUSE	OF DEATH			ERVAL BETWEEN SET AND DEATH
	LE.	OR CONDITION ADING TO DEA	ГН	Quelo	enaras, T	throules	rio	
	heart failure, a	mean the mode of sthenia, etc. It mea aplication which of	ns the disease,	DUE TD		J. V. 54. 1.1 V 52		*********************
	ANI	FECEDENT CAUS	ES	neto	in clerolis	Nont dic	100	
RTIFICATION	RISE TO THE	R CONDITIONS, I ABDVE CAUSE (A) CONDITION LA	STATING THE	DUE TO				•••••••••••••••••••••••••••••••••••••••
FIC				10 Prece	iono Corone	ery throne	bosis	
ERT		II IFICANT CONDI THE DEATH, BUT					Sta T	
U	19A. DATE OF O	PERATION 1		NDINGS OF OPER	RATION		20	O. AUTOPSY?
EDICAL	21a. ACCIDENT,	SUICIDE	1 215 DIACE	OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore		et location)
		Specify)		factory, street, office bldg.,		(at in Dairentoire	orth, Bive dim	
Σ	21D. TIME (Mon	th) (Day) (Year)		. INJURY OCCURR		URY OCCUR?	S. Ma	
	00 71 1		m.] wo	RK AT WORK	-6 ,1950, to	7-7	10 Tthat	I last saw the
	deceased alive	ertify that I att		d that death occu		m the causes and		
	234 SIGNATUR		1/.		Munn. Munn	il Hosp.		DATE SIGNED
24 T10	A. BURIAL, CREM	1A- 248. DATE fy) 7- 9-	50 240		RY OR CREMATORY 24	Coclier	town, or coun	le mel
	TE RECEIVED B		S SIGNATURE		25. FUNERAL DIRECTO	OR O	ADDR	ESS
	UL 7 - 195	and the said	ton Willia	WI HE	dander	n m. G	roofs)	mula med
	VS 150	40	y 45 10	690	50, 8 1		93)/	

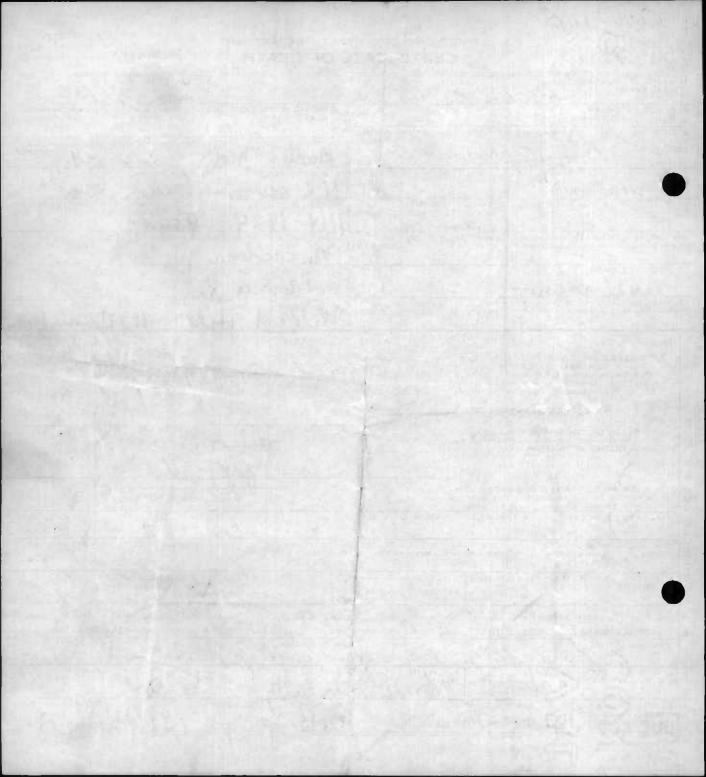


150 5986 BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5986

bur I	1111110.					
	NAME OF DECEASED Paus	line K. Hill		2. DATE OF DEATH 7/6/50		
A.	PLACE OF DEATH: Baltimore City, Maryland	al or institution give to 4 - 11	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)			
HO	OSPITAL OR .	al or institution, give street address or location)	C. CITY OR TOWN (IE	outside corporate limits, write RURAL and give		
Z	INIVERSITY UNIVERSITY	Hospital	Balts. Ind	1 23-01 township)		
c	ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)		
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years   I Under 1 Year   II Under 24 Hours		
	FC	WIDOWED, DIVORCED (Specify)	119-1924	ast birthday) Months Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	ME		
	underay -		tanna			
15 Yes	s, no or unknowu) (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	WILL LL	ADDRESS  11 1 1 Amme lack.		
	18. 40 N X	CALISE	OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION		. A	ONSET AND DEATH		
	(This does not mean the mode of	TH of dying, e.g., (A)	steral lower 10	be preummin		
	heart failure, asthenia, etc. It mea injury or complication which c	ns the disease,				
	ANTECEDENT CAUS	SES				
2	DISEASES OR CONDITIONS, 1	(B)				
4	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	CERTIFICATI	ON APPROVED BY		
2			DN	$C \cap C$		
=	П	(C)	AV	M. D.		
いによ	OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	CHIEF OR ASS	T. MEDICAL EXAMINER.		
7	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
2	21A. ACCIDENT, SUICIDE.	218. PLACE OF INJURY (e.g., in		f in Baltimore City, give exact location)		
1	HOMICIDE (Specify)	about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?			
2	21D. TIME (Month) (Day) (Year)			OCCUR?		
	, , , , , , , , , , , , , , , , , , ,	m. WHILE AT NOT WHILE				
	22. I hereby certify that I att		7/6/50, 19, to	7/6, 1900, that I last saw the		
	deceased alive or			he causes and on the date stated abovc.		
	23A. SIGNATURE	1101.16	ANIVEYSITY L	Hospital 23c. DATE SIGNED		
2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE		GATION (fity, town, or county) (State)		
TI	ON, REMOVAL (Specify)	50 mit au One	un Perenter	Dallo.		
D.	ATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
9	ICAL 7-1950 Hunting	ton Miliams, Mill	41. 3. Lourax	134 Wolfguley St.		
-	VS 150	a maga to the	U. As			
			7			

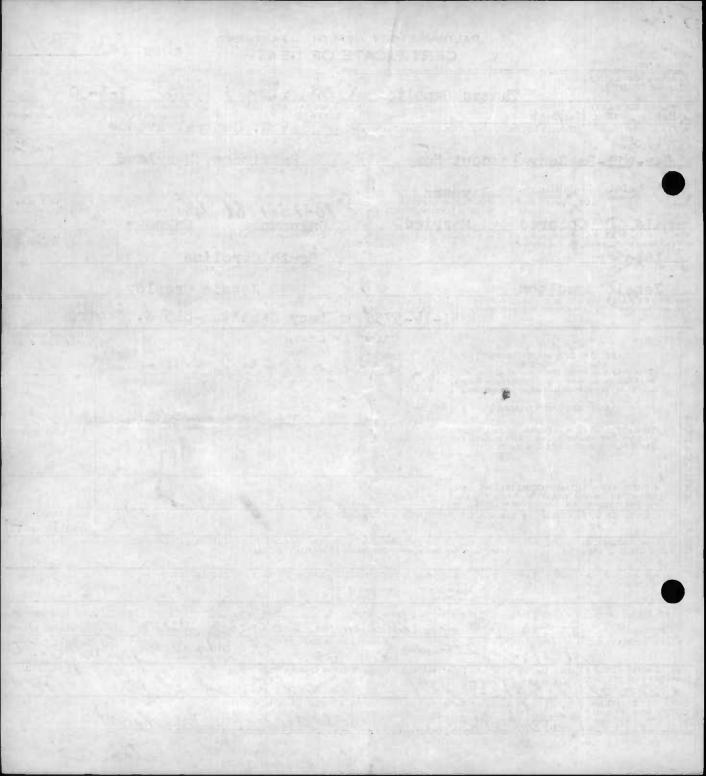


53381
BIRTH NO.
I. NAME OF E (Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5987

(Type or Print)  Thomas Samelton	Simaton) 2. DATE OF 7-5-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	815 N. Central Avenue c. CITY OR TOWN (If outside corporate limits, write RURAL ampging)
Bar-Wil-Ba Convaleseent Home	Baltimore, Maryland 0-0
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTING 9 SEE (In years & Under 1 Year   Il Under 24 House
Male Colored Married	8. DATE OF BIRTY 8 Set (In years in Under I Year Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR work dooe doring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Laborer  13. FATHER'S NAME	South Carolina
	14. MOTHER'S MAIDEN NAME
Jessie Samelton  15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	Jessie Crosley
(Yes, oo or ookoown) (If yes, give war or dates of service)  251-14-5756	Lucy Samelton-815 N. Central
18. 477.1 CAUSE C	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	no lasoular Degeneration?
injury or complication which caused death.) DUE TO	실었다면 얼마를 보는 것이 되는 것이 없다.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
_(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., In about home, form, factory, street, office bidge, etc.	or   21c. WHERE DID (If in Baltimore City, give exact location)
	c.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Jun	ne 27, 150 to July 5, 195 Phat I last saw th
deceased alive on 190, and that death occurr	red at 12 10 h., from the consern on the date stated above
Tr. N- yourson	403 Medary by Pac. Date SICKE
24A. BURIAL, CREMA- TION REMOVAL (Specify)	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25-FUNERAL DIRECTOR ADDRESS
1111 7 - 1950 tutuitos Williams No	Laugner Sanders 93)
VS 150	1 PP ~ MI
97099	14/2 C. (reston of



416 50 5988

# CERTIFICATE CORRECTED

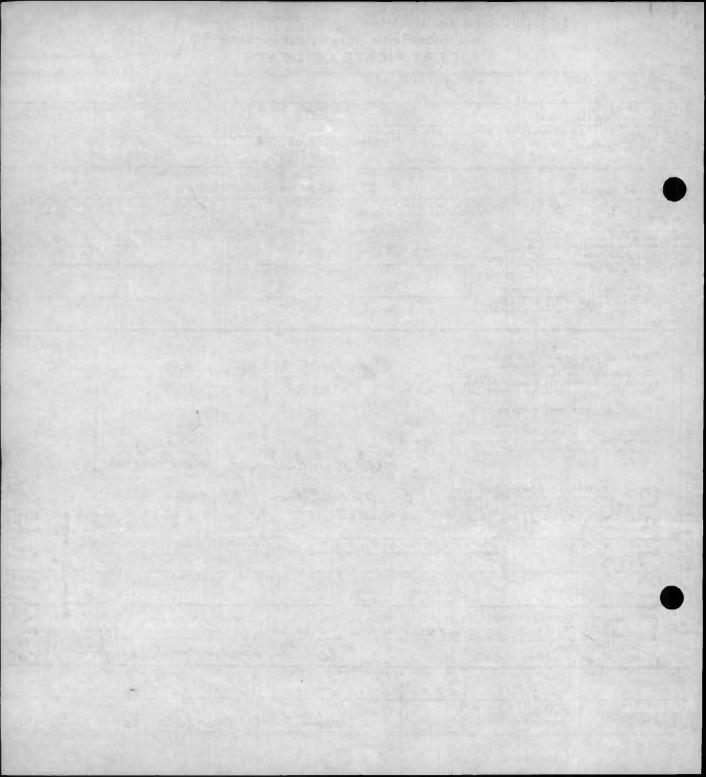
BALTIMORE CITY HEALTH DEPARTMENT

Segistered No.

1243

				CERTIFICAT	E OF DEATH	Registered 1	No	
	RTH NO.							
	NAME OF D ype or Print)	JOE L. SI	LVERST	EIN		OF DEATH JUL	y 7 1950	
Α.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY		
B. HO IN	FULL NAME DSPITAL OR ISTITUTION	OF (If not in hospit UNION MEMOR	alor instituti	ion, give street address or location) SPITAL			ts, write RURAL and give	
1	116				CHARLESTOWN		to wante,	
6	ngth of s	tay in Baltimore		8 Mec. Days	D. STREET ADDRESS (If I	rural, give location)  SLVO : BOX	27/	
	SEX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year   Under 24 Hours onths: Days   Hours   Min.	
	MALE	WHITE		RRIGO	JUNE 18, 1898	52		
worl	LAWYE	CUPATION (Give klod of of working life, eveo if retired) R	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY!	
13	FATHER'S		erstein		14. MOTHER'S MAIDEN NA	ME		
	LEXANDI	ER B. ADSE	AL (D)		LENA ROSE	N (L)		
(Ie	. WAS DECEAS! a, oo or uoknowo) VKNow N	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Α.	DDRESS	
CERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING TO THE D	LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS. I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	of dying, e. s. ins the diseas caused death ses fany, givin stating th stating th stating th not relate causing i	(B) (C) Justice (C) Fastice (C	SHOSIS OF L			
SAL		2		FINDINGS OF OPER			YES NO	
IEDICA	HOMICIDE	ENT. SUICIDE. (Specify)	about home, f	ACE OF INJURY (e. g., i arm,factory,etreet,office bldg.,		f in Baltimore City,	give exact location)	
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK  NOT WHILE AT WORK		OCCUR?		
22. I hereby certify that I attended the deceased from, 19, to, 19								
	23A 18TGNA	TURE OR.	1930		23B. ADDRESS Almon Mel	noviel Ho	23c. DATE SIGNED	
TIC	AA. BURIAL.	July 91	50		Cerry - Chi	restore	WVG	
JU	PCAL RECEIVE	BAR REGISTRAR	where M.	leaus, N.	Havid ouellely	nolar 18	2 Enter R	

05580



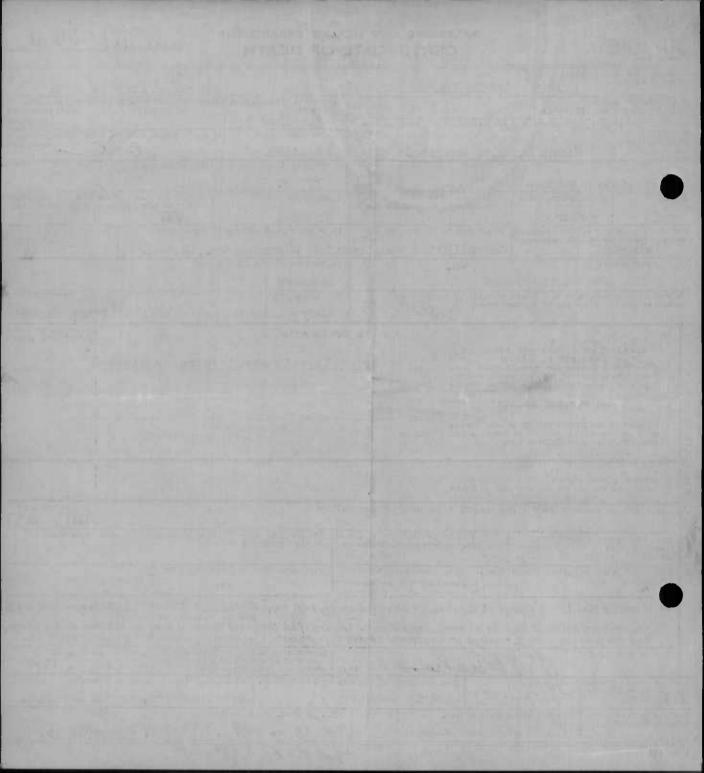
6	21							
h	5989		BAL	TIMORE CITY H	EALTH DEPARTMENT		50	5989
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Registere	ed No	
1. (T	NAME OF D	ECEASED ALF	REDO	SARCH	KAPONE	2. DATE OF DEATH	7-5-	50.
3.	PLACE OF D					Where deceased lived		n: residence fore admission)
В.	FULL NAME	OF (If not in hosp	ital or institut	ion, give street address or	Maryland			
IN	STITUTION	Doetors	Hospi	ra ( location)	13 a 2 tim or	f outside corporate l	mits, write R	T township)
9		tay in Baltimore		8 years. Yrs. Mos. Days	d. STREET ADDRESS (II) 409 Denni	f rural, give location  Son S/1.	)	
5.	M	White	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	1886 9 THE	9. AGE (In years 6 4 4.	Months Day	Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind f working life, even if retire	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITI WHA	T COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	IAME	10/41	7
_	Vince			one	Josephin-	e VILLA	MAGN	A
Yes	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-					Frank Sarch	rapone.	409 Del	
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Output  Capture  Cap							o-la
CATION	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION	) STATING TH	IG HE DUE TO				
RTIFIC		11		(C)				
CER	TRIBUTING	IGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITION	T NOT RELATE	Ohr Ohr	Valoutus (	ed leur,		?
AL	19A. DATE 6	F DE ERATION	198. MAOR	FINDINGS OF OPER	PATJONE TIES	breable	20. YES	AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore Cit	y, give exact	location)
Σ	21D. TIME (	Month) (Day) (Yea		NOT WHILE		Y OCCUR?		
	22. I hereb	y certify that La		deceased from 7	1 100, to	7/5	Sthat I	last saw the
	deceased al	ive on		and that death occur	rred at Zils Pm., from		n the date s	stated above.
1	23A. SIGNAT	7. Lu	The	~~~	1901 Enter	A. Cit	23c. D.	ATE SIGNED
24	A. BURIAL C	REMA- 24B. DATE	1950	AC. NAME OF CEMETE	RY OR CREMATORY 24D. L	OGATION (City, to	Rd R	ot wa
	TE RECEIVE		R'S SIGNATU	RE COM	25 FUNERAL DIRECTOR	1 deloueve	ADDRES	SS .
==		350 moto	m Willia	MA MAR	Traul Dell	a hoel	_322	5. High
	VS 150	0	-	FO!	241		122	a

59044

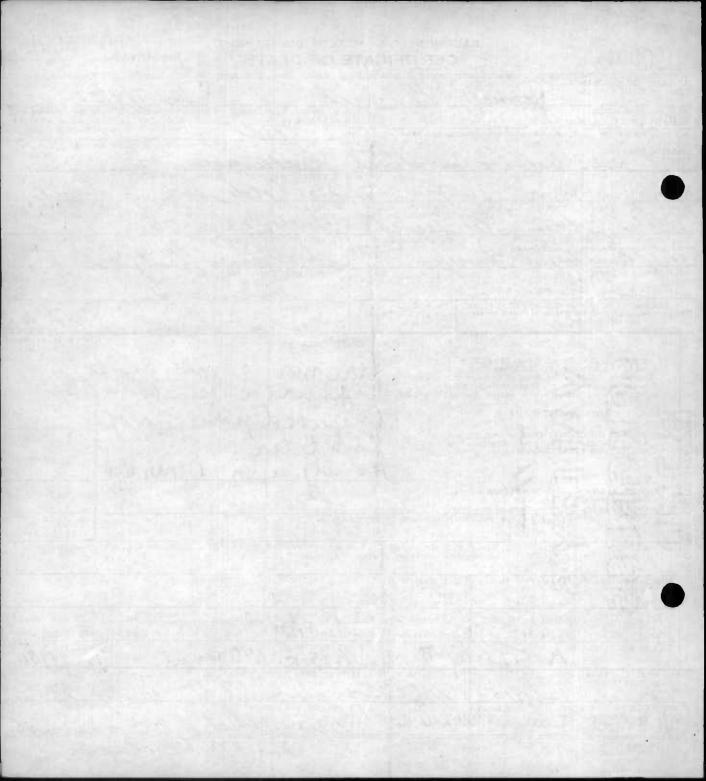
122a

184-16 THE THE ST. -94 AKSAME AZOLO OKA Grant Salte Abrevious AND TERMINATION OF THE PROPERTY OF THE PROPERTY OF THE BOARD OF THE BO thought to be treet they

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE ('Type or Print) ARTHUR WESTMORELAND DEATH JULY 4, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore 727 N. Eden Street Days 6. COLOR OR RACE ! 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | Months; Days | Hours; Min. male colored Unknown 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Consolidated Construction Lawrence Co., S. Ca. laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lee Westmoreland Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) Roy Westmoreland 1614 Milliman Street CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Arteriosclerotic cardiovascular diseas heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A, DATE OF OPERATION DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER ...... [3] ASSISTANT MEDICAL EXAMINER July 4, 1950 MEDICAL INVESTIGATOR ..... 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Shipment 24c, NAME of CEMETERY OR CREMATORY | 24c, LOCATION (City, town, or county) 24B. DATE Liberty Cemetery Spartansburg, South Carolina 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Lutwator Milians, Mil 1532 E. Monument St.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF meo. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If putside corporate limits, write RURAL and give township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. ngth of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 7. SINGLE! MARRIED . AGE (In year Months: Days Hours; Min. 5. SEX last birthday) WIDOWED, DIVORCED (Specify) waler 10A. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during more of working life even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or ookoown) | (If yee, give war or detes of service) 16. SOCIAL ADDRESS (Yes, oo or ookoown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (Are mic LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! AT WORK WORK 19 30 to 22. I hereby certify that I attended the deceased from Oct ., 19___, that I last saw the , 19 50, and that death occurred at 12,30 m., from the causes and on the date stated above. deceased alive on Inch 4 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 4c. NAME OF CEMETERY Lounal ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE There alor Holland Mile VS 150



5	63		
0	5992 IRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 5992
1.	NAME OF DECEASED Robers	t J. Dunworth	2. DATE OF PURY 7.1950
	PLACE OF DEATH: Baltimore City, Maryland		Where deceased lived, Idenstitution : residence before admission)
H	OSPITAL OR	or institution, give street address or location) C. CITY OR TOWN (If	4 Nd outside corporate limits, write RURAL and give
0	15/9ENSOR		35 9-09 township)
c.	igth of stay in Baltimore	Mos	rural, give location)
1	Hale White	7. SINGLE, MARRIED. WIDOWED, DIVORGED (Specify)  Marrie 4  Marrie 4  1. SPECIFICATION OF BIRTH  MARRIED.  1. SINGLE, MARRIED.  1. SINGL	9. AGE (1n years   11 Under I Year   11 Under 24 Hours   Months Days   Hours   Min.
wor!	DA. USUAL OCCUPATION (Give kind of bone during most of working life, eyen if retire)	10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or for	oreign country)   12. CITIZEN OF WHAT COUNTRY?
19	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME U.J.A.
1/2	5. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16, SOCIAL MANGARIT SA	him
(Ye	(If yes, give war or dates of	of service) SECURITY NO SECURI	Dunworth 1519 Ensor
	18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of	0.0	massis) H days
	heart failure, asthenia, etc. It mean injury or complication which ca		
NO	ANTECEDENT CAUSE	(B) Onternachistic (	2-V disease / seas
FICATIO	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS	STATING THE DUE TO	
RTIFI	n	(C)	
CER	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	OT RELATED	
		B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)   21C. WHERE DID (INJURY OCCUR?	If in Baltimore City, give exact location)
M	21D. TIME (Month) (Day) (Year) (	Hour) 21E. INJURY OCCURRED 21F. HOW DID INJUR  m. WHILE AT NOT WHILE AT WORK AT WORK	y occur?
	22. I hereby certify that I atte		7, 19 5 hat I last saw the
	deceased alive on 23A SIGNATURE	195 Q and that death of curred at	he causes and on the date stated above.
2.	4A. BURIAL, CREMA- 24B. DATE	M. D. 1570 Q. 3	OCATION (City, town, or county) (State)
4	ON. REMOVAL (Specify) 7-10-	5 4 new Eathedral Carely B	altinore Mid
	ATE RECEIVED BY REGISTRAR'S OCAL REGISTRAR	- MIII:	uldin 924 & Euces
	VS 150	0205=	925/
		9103F	727

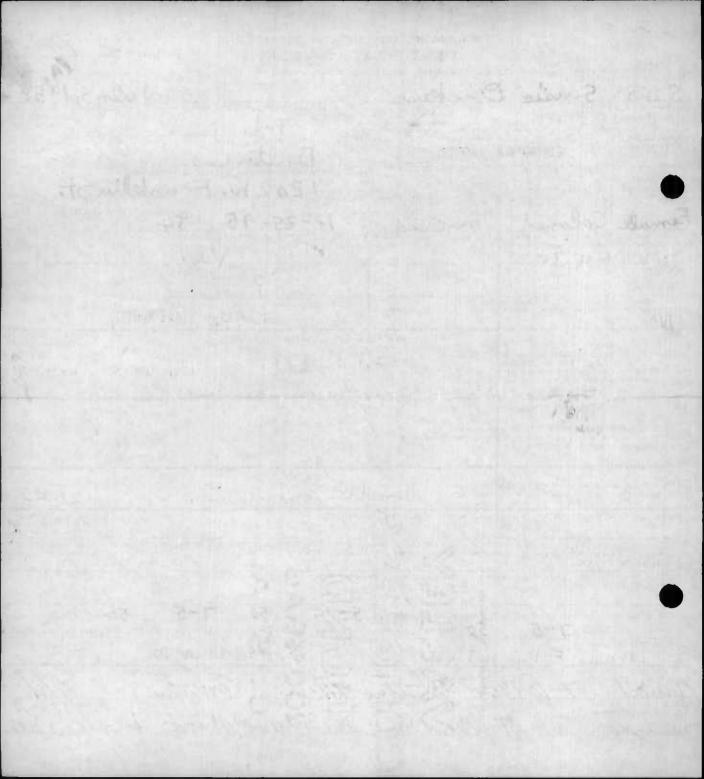
DN. Grenger 15208.33At. SAN SINCE (AC)

	252
1	5993
2	0000

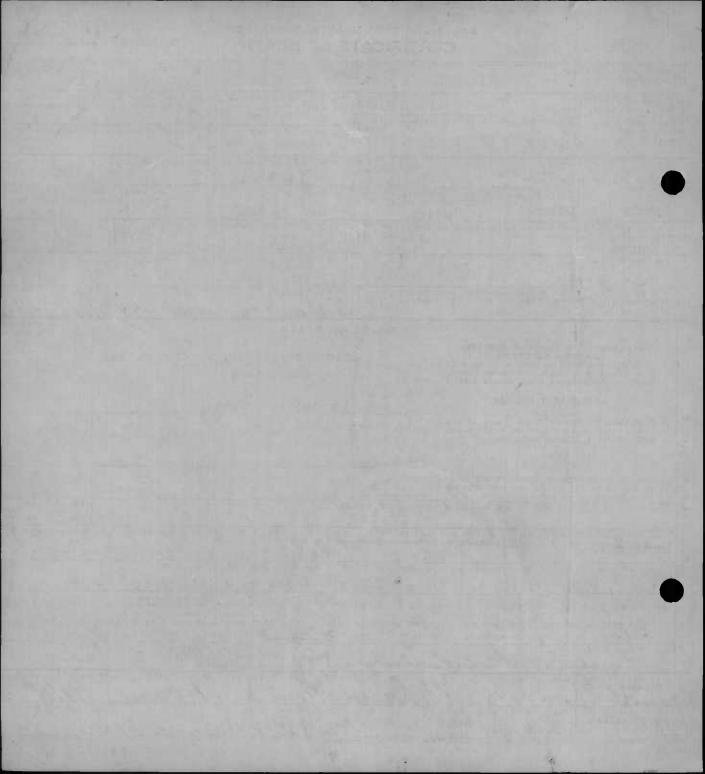
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5993

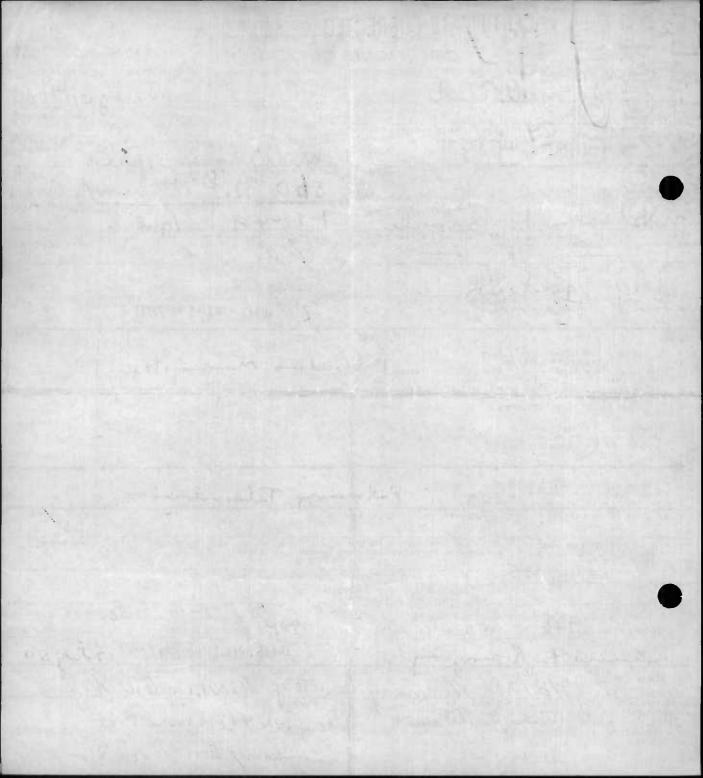
July 5, 1950
ed lived. If in itution : residence before admission)
orate limits, write RURAL and give
nklin St.
n years
ry) 12. CITIZEN OF WHAT COUNTRY?
10-000
HOSPITAL
INTERVAL BETWEEN
Mensia Unicham
ZIKS
20. AUTOPSY?
ore City, give exact location)
, 1950that I last saw the and on the date stated above.
23C. DATE SIGNED
Lity, town, or county (State)
Schwede St



4	16 5994				EALTH DEPARTMEN E OF DEATH	T Register	ed No	599.i
	NAME OF DEC	EASED	ELIZABE	TH M.	CULVER	2. DATE OF JU		
A B H	PLACE OF DEA Baltimore Cit FULL NAME OF OSPITAL OR NSTITUTION	y, Maryland		n, give street address or location)		(Where deceased live B. COUNT) (If outside corporate	anu	before admission)
	ngth of sta	y in Baltimore		Yrs. Mos. Days	5099 W	- 0	1)	0
5	Female 6	Colored			June 7, 1895	9. AGE (In year last birthday) 55		Year   fi Under 24 Hours Days   Hours   Min.
WOI	k done during most of w Housewi		108. KIND (	OF BUSINESS OR INDUSTRY	Anne Arundel	County, Md.		ITIZEN OF HAT COUNTRY! USA
	James G	arrett			14. MOTHER'S MAIDEN Rittie Edward			
1 (Y	5. WAS DECEASED 66, no or unknown) NO	EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	William Ham	monof 64		Wia Us.
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Multiple lacerations, fractures, and contusions  Crushing injury of chest  OUE TO							
i iii	TO THE DIS	II SNIFICANT CONDITION TO THE DEATH, BUT EASE OR CONDITION	CAUSING IT	•••••••••••••••••••••••••••••••••••••••	ATTONIO DE LA CONTRACTOR DE LA CONTRACTO			20. AUTOPSY?
AL C	19A. DATE OF			FINDINGS OF OPER		(If in Baltimore C		YES NO X
MEDIC	PRIMARY DO OR CAUSE OF DE 21D. TIME (MOFINJURY TULLY 5,	onth) (Day) (Year)	(Hour) 2 20 Am.	CE OF INJURY (s. e., im, factory, street, office bldg., ROED  1E. INJURY OCCURR  HILE AT NOT WHILE AT WORK	Airport Road 21F. How DID INJU  Three car of	l neir Friend URY OCCUR? collision (po	dship .	Airport
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereof Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sand death in my opinion resulted from: natural causes , accident A, suicide , homicide , undeterm								reon and from y stated above ermined $\square$ .
	23A. SIGNATU	sley (8.	Dure	Cacher N	238 CHIEF MEDICA ASSISTANT MEDICA I.D. MEDICAL INVESTIG	AL EXAMINER	23c. DA	TE SIGNED
9	OWWOLF (Spe	1-7-1	950 0	Crouling	Meming	Al Malu	d ADD	(State)
	OCAL REGISTR		4 91 4	Carle M. P.	Mrs Rote R.W.	illiama 1	khoe	wet.
V	'S 151 /\ -	809.2		THE S O	5003		170	c /



5( BII	3 0 0 599	CE 5		ATE CORRE	TED 7-12- HEALTH DEPART	-50 MENT F	Registered N		5995
(T)	NAME OF Dope or Print)	James	Rea	1		2. DA O DEA		wlon	1957
A. B. J	FULL NAME	City, Maryland	al or instituti	on, give street address	4. USUAL RESID		ceased lived. If i		: residence ore admission)
	SPITAL OR STITUTION	10HRS HOP	kins hosp	location	C. CITT OR TOWN	(If outside o	corporate limits	, write RU	RAL and give township)
С		tay in Baltimore	i	Yr Mo Da	s. 560°	n. Pio	tshus	myh	ane.
n	me	Color of RACE	WIDOW	. MARRIED, ED, DIVORCED (Spec	1-11-4	- a last	birthday) Mon		Hours Min.
work	doneduring monto	CUPATION (Give kind of f working life, even if retired)	10B, KIND	OF 80 SINESS OR INDUST	/an		intry)	12. CITIZ WHA	EN OF COUNTRY?
	Jam	es Keed.	SIR		Pauline I				
(Yet)	no or unknown)	D EVER IN U.S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURITY NO	17. INFORMANT	INS HOPKINS N	OSPITAL AD	DRESS	
ERTIFICATION	DISEASE (This does heart failure in jury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which c  ANTECEDENT CAUS G OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVIN STATING TH	(A)		Many	ites	ONSET	AND DEATH
CE	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION  F OPERATION   1	CAUSING IT		ERATION	haquelo	<b>~</b>	20.7	AU/TOPSY?
MEDICAL	LYING OF		about home, fa	CE OF INJURY (e. 1	g.,etc.) INJURY OCCU	IR7	timore City, gi	YES ve exact	NO location)
	INJURY	Month) (Day) (Year)	m.	HILE AT NOT WHE	LE	INJURY OCCU	R7		
-	22. I hereby deceased al 23A. SIGNAT		ended the, 19. <b>5.0</b> . d	deceased from that death occurred that death occurred that death occurred the second that the	curred at 770 cm.	5, to 7-4 , from the caus	es and on the	e date st	ast saw the ated above.
24.	A. BURIAL, C	REMAI 24B, DATE	roung	M. D.	23B. ADDRESS DENS	HOPKINS HOSP		7 / 2	450
Tr	N, REMOVAL (S)	D BY   REGISTRAR	50 X	Larmony	Cornetery DIR	Washir	glow	ADDRES	- 1
	VS 150			Section Section 19	Wash	ngton	110,	C,	13B



46	)	-	
50	5	99	3

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE MARGUERITE MARIE CLARK July 7, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 623 Edgewood St. INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 623 Edgewood 6. COLOR OR RACE 7. SINGLE, MARRIED, WLDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) | Months: Days Hours Min. female white Divorced June 11, 1898 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of warking life, even if retired) INDUSTRY WHAT COUNTRY? Clerk-Accounting Railroad Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McEvov Louise Steinmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS St. (Yes, no or unknown) SECURITY NO. no Mr. Benjamin Edward Clark, Jr. 623 Edgewood 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Lescemone levvice. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO 44.1949 ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 CA YES NO 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 2 about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Joh. 4 1949 to beach , 1950 that I last saw the deceased alive only 3 , 1950, and that death occurred at 9 L.m., form the causes and on the date stated above. BURIAL, CREMA-24D. LOCATION (City, town or covery) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 7/10/50 Burial Western Cem. Baltimore, Md.

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

310 50

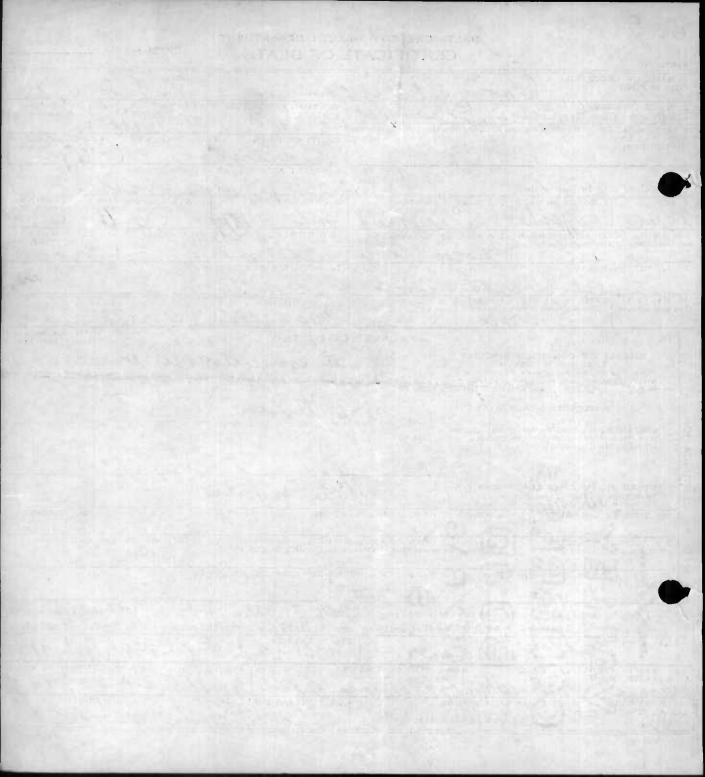
25 FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

ADDRESS

and the relations, v. ASS done of ( The second of EYE, - 3.

6	, 3 5 5997	7		TIMORE CITY HE	EALTH DEPARTMENT	Registered No.	5997	
1.	NAME OF Di	ECEASED (	Lorg	ellori	thman	2. DATE OF July	6/50	
А.	FULL NAME	ity, Maryland 20		llswort ion, give street address or	A. STATE	B. COUNTY Selle	before admission)	
	STITUTION	_		location)	Ballim	outside corporate limits, w	township)	
2		tay in Baltimore		7 O Yrs. Mos. Days	2027 6 AL	sword	-81	
5.	Male	6. COLOR OR BACE		E. MARRIED, VED. DIVORCED (Specify)	Sulfe 6 1879	9. AGE (In years If Under last birthday) Month	Days Hours Min.	
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	Tro	OF BUSINESS OR INDUSTRY	Ballmo	oreign country) 12	WHAT COUNTRY?	
13	FATHER:	IAME	reh	man	14. MOTHER'S MAIDEN N.	AME		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give wer or date		16. SOCIAL SECURITY NO.	17. INFORMANT Mus Kathon	ADDI ADDI	RESS	
TION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  Acute congestive failure  (A)  Apperture on  (A)  Hyperture on							
L CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i	2 0.   2 . 0	If in Baltimore City, give	exact location)	
2 11	21b. TIME	CREMA- 24B. DATE Specify Olly	tended the	and that death occided the man be a self the man	Tuly 3, 1950, to rred at 11:45 pm., front 12:38. ABORESS Park 10	he causes and on the Reflection (City, town, or	July 1/950	
=	VS 150	A A		2906A	4 8 0 0 8		61	

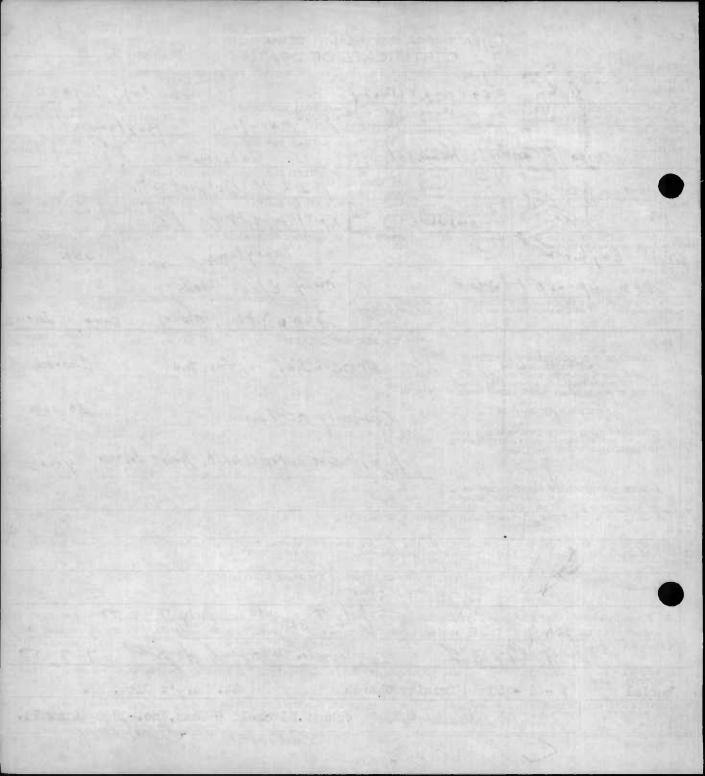


630  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.								5998	
	NAME OF DEC	John S	Pence	· Howar	./		2. DATE OF DEATH A	1/4 5	1958
	PLACE OF DEA' Baltimore City	тну			4. USUAL RESIDE	ENCE (Who		11'	before admission)
H	SPITAL OR	(If not in hospita		n, give street address location	c. CITY OR TOWN	(If ou	•		rite RURAL and give township)
c.	gth of stay	in Baltimore		Yrs Mos Day	1122 N		ral, give location		
5.	M 6.	COLOR OR RACE		MARRIED, D, DIVORCED (Special	8. DATE OF BIRTH	884	9. AGE (In years last birthday)	Months	l Year II Under 24 Hours Days Hours Min.
10 work	doneduring most of wo	PATION (Give kind of orking life, even if retired)	108. KIND (	OF BUSINESS OR INDUSTE	11. BIRTHPLACE (S	State or fore	ign country)	12.	CITIZEN OF WHAT COUNTRY?
13	John	Spence H	bword		m	IDEN NAM	to lars		
15 (Yes	. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	te it	bwerd	ADDR	ne as decrest
	(This does no heart failure,	OR CONDITION EADING TO DEA' to mean the mode of asthenia, etc. It mea mplication which of	TH of dying, e.g., ns the disease,	(A)	OF DEATH	inter	: Þei		THE TOTAL BETWEEN ONSET AND DEATH 2horrs
IFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Hyperfosius Crtinoschroßi hant disiese								2hours years
CERTI	TRIBUTING T	II NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION	NOT RELATED						
	19A. DATE OF			FINDINGS OF OP	ERATION				YES NO
EDICAL	HOMICIDE	SUICIDE, (Specify)		E OF INJURY (e. g m, factory, street, office bld			in Baltimore Cit	y, give	exact location)
Σ	21D. TIME (Mo	onth) (Day) (Year)	WH	TE. INJURY OCCUR	E	אטנאו (	OCCUR?		
deceased alive on July 7, 1950, and that death occurred at 125 a.m., from the causes and on the date s									hat I last saw the late stated above.
	23a. SIGNATUI	Dr. 4. C.	N 32	м. р.	238. ADDRESS Union Mer	mind	Hospital	1 2	7-7-57
710	burial (Spec	7 - 9 -		rinity Chur		St. N	lary's City	ty, M	d.
D	ATE RECEIVED	BY   REGISTRAR'	S SIGNATUR	E	25. FUNERAL DIR	ECTOR		AD	DDRESS

DATE RECEIVED BY LOCAL REGISTBAR VS 150

REGISTRAR'S SIGNATURE
Turtington Millianus, Millianus,

John O.Mitchell & Sons, Inc. -1900 Eutaw Pl.



63	35
BIRTH	5999

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5999

CERTIFICATE OF DEATH  Registered No									
1. NAME OF DECEASED (Type or Print) Howard Crosby Erdman					2. DATE OF July 7, 1950				
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDENCE A. STATE				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 1800 Ensor St. location)  (Greenmount Cemetery)				location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore Q — Q O O O O O O O O O O O O O O O O O				
lifeYrs. Mos.				lifeYrs.	D. STREET ADDRESS (If rural, gife location)				
c. Ligth of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.			8. DATE OF BIRTH   9. AGE (In years   II Under 1 Year   III Under 24 Hours						
male white		white	widowed, Divorced (Specify)		June 15, 1877	last birthday)	Months Days Hours Min.		
		INDUSTRY	11. BIRTHPLACE (State or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY?  U. S.						
Ass't. Superintendent Greenmount Cemetery 13. FATHER'S NAME				iouir oemo oer y	14. MOTHER'S MAIDEN NAME				
Frederick Erdman					Elizabeth (?) Reed				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.					Mrs. Jennie R. Erdman 1800 Ensor St.				
CERTIFICATION	OTHER S	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA  II GIGNIFICANT CONDITION S TO THE DEATH, BUT ISEASE OR CONDITION	F ANY, GIVIN STATING TH ST. TIONS CON	(C)	rypertensive	V. Descar	\$		
AL	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
IEDICAL	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK								
22. I hereby certify that, I attended the deceased from 3/22, 1919, to 7/7, 1950 that I last saw the									
deceased alive on 7/7, 1950. and that death occurred at 24 m., from the causes and on the date stated above.  23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGNED									
	Ha	sooul X	Jun	M. D.	1261 E. North Av		7/7/10		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)									
burial 7 - 10 - 50 Greenmount Baltimore, Md.  DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS									
John O. Mitchell & Sons, Inc1900 Eutaw Pl.									
	VS 150	8		J. Samue	to say on 1)	1-2 P.M.	4 93)		

Compart tout memel . I stand . . . . .

#### BALTIMORE CITY HEALTH DEPARTMENT

50 6000

CERTIFICATE OF DEATH Registered No. I. NAME OF DECEASED 2. DATE July 6/50 (Type or Print) Mary B. Hoffmeyer OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. Baltimore City, Maryland STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION 6 S. Catherine St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos 6 S. Matherine St. th of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (in years | H Under | Year | H Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) remale W. Aug. 29. 1893 OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home Balto. Md. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maurice Heddinger Carrie Hecht 5. WAS DECEASED EVER IN U. S. ARMED FORCES?

ee, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Dorothy Riley. 6 S. Catherine CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY About LEADING TO DEATH Carcinoma of rectum. (This does not mean the mode of dying, e. g., 4 yrs. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Metastasis of carcinoma tolliver and DISEASES OR CONDITIONS, IF ANY, GIVING r pancreas. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 4 months Diabetes mellitus . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 11/11/46 Carcinoma of rectum (Colostomy). YES 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout bome, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE 16, to July 6, 1950, that I last saw the 22. I hereby certify that I attended the deceased from October, deccased alive on July 6. 1950, and that death occurred at 11:30m., from the causes and on the date stated above. 238 ADDRESS 23c. DATE SIGNED 516 Cathedral St. 44. BURIAL, CREMA-ON, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) July 10/50 Loudon Park. 3801 Frederick Rd. Balto. 29, Md. ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR

VS 150

A101 Edmondson Ave.

